

J S W
630 FILED

PETITION FOR A WRIT OF HABEAS CORPUS BY A PERSON IN STATE CUSTODY

Name BURRELL ANGEE
(Last) (First) (Initial)Prisoner Number J48872Institutional Address P.O. Box 1050 Soledad, CALIF. 93960
SALINAS VALLEY STATE PRISONUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIAANGEE BURRELL
(Enter the full name of plaintiff in this action.)

CV

08

0846

vs.

Case No. _____
(To be provided by the clerk of court)M.S. EVANS, WARDEN, ETAL.,PETITION FOR A WRIT
OF HABEAS CORPUS

E-filing

J S W
(PR)

(Enter the full name of respondent(s) or jailor in this action)

Read Comments Carefully Before Filling InWhen and Where to File

You should file in the Northern District if you were convicted and sentenced in one of these counties: Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, Santa Clara, Santa Cruz, San Francisco, San Mateo and Sonoma. You should also file in this district if you are challenging the manner in which your sentence is being executed, such as loss of good time credits, and you are confined in one of these counties. Habeas L.R. 2254-3(a).

If you are challenging your conviction or sentence and you were not convicted and sentenced in one of the above-named fifteen counties, your petition will likely be transferred to the United States District Court for the district in which the state court that convicted and sentenced you is located. If you are challenging the execution of your sentence and you are not in prison in one of these counties, your petition will likely be transferred to the district court for the district that includes the institution where you are confined. Habeas L.R. 2254-3(b).

008-846 JSW

Who to Name as Respondent

You must name the person in whose actual custody you are. This usually means the Warden or jailor. Do not name the State of California, a city, a county or the superior court of the county in which you are imprisoned or by whom you were convicted and sentenced. These are not proper respondents.

If you are not presently in custody pursuant to the state judgment against which you seek relief but may be subject to such custody in the future (e.g., detainers), you must name the person in whose custody you are now and the Attorney General of the state in which the judgment you seek to attack was entered.

A. INFORMATION ABOUT YOUR CONVICTION AND SENTENCE

1. What sentence are you challenging in this petition? PRISON DISCIPLINE

(a) Name and location of court that imposed sentence (for example; Alameda County Superior Court, Oakland):

MONTEREY Sup. Ct. MONTEREY COUNTY

Court

Location

(b) Case number, if known HC5769

(c) Date and terms of sentence _____

(d) Are you now in custody serving this term? (Custody means being in jail, on parole or probation, etc.) Yes ☒ No ☐

Where?

Name of Institution: SALINAS VALLEY STATE PRISON

Address: P.O. Box 1050 SOLEDAD, CA. 93960

2. For what crime were you given this sentence? (If your petition challenges a sentence for more than one crime, list each crime separately using Penal Code numbers if known. If you are challenging more than one sentence, you should file a different petition for each sentence.)

3. Did you have any of the following?

Arraignment: Yes _____ No ☒

Preliminary Hearing: Yes _____ No ☒

Motion to Suppress: Yes _____ No ☒

4. How did you plead?

Guilty _____ Not Guilty ☒ Nolo Contendere _____

Any other plea (specify) _____

5. If you went to trial, what kind of trial did you have?

Jury _____ Judge alone _____ Judge alone on a transcript _____

6. Did you testify at your trial? Yes _____ No _____

7. Did you have an attorney at the following proceedings:

(a) Arraignment Yes _____ No _____

(b) Preliminary hearing Yes _____ No _____

(c) Time of plea Yes _____ No _____

(d) Trial Yes _____ No _____

(e) Sentencing Yes _____ No _____

(f) Appeal Yes _____ No _____

(g) Other post-conviction proceeding Yes _____ No _____

8. Did you appeal your conviction? Yes ☒ No _____

(a) If you did, to what court(s) did you appeal?

Court of Appeal Yes ☒ No _____

Year: 2007 Result: DENIED

Supreme Court of California Yes ☒ No _____

Year: 2007 Result: DENIED

Any other court SUPERIOR Yes ☒ No _____

Year: 2007 Result: DENIED

(b) If you appealed, were the grounds the same as those that you are raising in this

1 petition? Yes ☒ No ☐

2 (c) Was there an opinion? Yes ☒ No ☐

3 (d) Did you seek permission to file a late appeal under Rule 31(a)?
4 Yes ☐ No ☐

5 If you did, give the name of the court and the result:

6 _____
7 _____

8 9. Other than appeals, have you previously filed any petitions, applications or motions with respect to
9 this conviction in any court, state or federal? Yes ☒ No ☐

10 [Note: If you previously filed a petition for a writ of habeas corpus in federal court that
11 challenged the same conviction you are challenging now and if that petition was denied or dismissed
12 with prejudice, you must first file a motion in the United States Court of Appeals for the Ninth Circuit
13 for an order authorizing the district court to consider this petition. You may not file a second or
14 subsequent federal habeas petition without first obtaining such an order from the Ninth Circuit. 28
15 U.S.C. §§ 2244(b).]

16 (a) If you sought relief in any proceeding other than an appeal, answer the following
17 questions for each proceeding. Attach extra paper if you need more space.

18 I. Name of Court: CALIFORNIA SUPREME COURT

19 Type of Proceeding: PETITION FOR REVIEW

20 Grounds raised (Be brief but specific):

21 a. DENIAL OF A FAIR AND IMPARTIAL DISCIPLINARY-
HEARING.

22 b. DEPRIVATION OF PROCEDURAL DUE PROCESS

23 c. DENIAL OF MEANINGFUL UNIMPEDED ACCESS TO COURT.

24 d. INABILITY TO EXHAUST AVAILABLE ADMINISTRATIVE REMEDIES.

25 Result: DENIED Date of Result: 11/28/2007

26 II. Name of Court: CT. OF APPEAL SIXTH APPELLATE DISTRICT

27 Type of Proceeding: APPEAL

28 Grounds raised (Be brief but specific):

a. " SAME "

b. " SAME "

c. " SAME "

d. " SAME "

Result: DENIED Date of Result: ^{10/13/97}8/10/07

III. Name of Court: MONTEREY SUPERIOR COURT

Type of Proceeding: PETITION FOR WRIT OF HAB. CORPUS

Grounds raised (Be brief but specific):

a. " SAME "

b. " SAME "

c. " SAME "

d. " SAME "

Result: DENIED Date of Result: 8/10/07

IV. Name of Court: _____

Type of Proceeding: _____

Grounds raised (Be brief but specific):

a. _____

b. _____

c. _____

d. _____

Result: _____ Date of Result: _____

(b) Is any petition, appeal or other post-conviction proceeding now pending in any court?

Yes _____ No ☒

Name and location of court: _____

B. GROUNDS FOR RELIEF

State briefly every reason that you believe you are being confined unlawfully. Give facts to support each claim. For example, what legal right or privilege were you denied? What happened? Who made the error? Avoid legal arguments with numerous case citations. Attach extra paper if you

1 need more space. Answer the same questions for each claim.

2 [Note: You must present ALL your claims in your first federal habeas petition. Subsequent
3 petitions may be dismissed without review on the merits. 28 U.S.C. §§ 2244(b); McCleskey v. Zant,
4 499 U.S. 467, 111 S. Ct. 1454, 113 L. Ed. 2d 517 (1991).]

5 Claim One: DENIAL OF A FAIR AND IMPARTIAL DISCIPLINARY
6 HEARING. (DEPRIVATION OF PROCEDURAL DUE PROCESS)

7 Supporting Facts: ON 10/16/05, PETITIONER WAS CHARGED FOR
8 THE SPECIFIC ACT OF CONSPIRACY TO INTRODUCE A CONTROLLED
9 SUBSTANCE INTO SALINAS VALLEY STATE PRISON. THESE CHARGES
10 WERE MOTIVATED BY UNTESTED FOR RELIABILITY. CONT...

11 Claim Two: DENIAL OF MEANINGFUL UNIMPEDED ACCESS TO
12 THE COURT. (INTERFERENCE IN EXHAUSTING ADMIN. REMEDIES

13 Supporting Facts: ON 6/4/06, I WERE FOUND GUILTY OF A
14 DISCIPLINARY INFRACTION SPECIFICALLY FOR CONSPIRACY TO
15 INTRODUCE CONTROLLED SUBSTANCE INTO SALINAS VALLEY STATE
16 PRISON, (SVSP) RESULTING TO PETITIONER FILING
17 CONT...

18 Claim Three: _____

19 Supporting Facts: _____

20 _____
21 _____
22 _____
23 If any of these grounds was not previously presented to any other court, state briefly which
24 grounds were not presented and why:

1 Ground "1" CONT...

2 CONFIDENTIAL SOURCES. ON 6/4/06 A DISCIPLINARY
3 WAS CONDUCTED BY LT. SHOWALTER, RESULTING TO
4 A GUILTY FINDING FOR CONSPIRING TO INTRODUCE
5 A CONTROLLED SUBSTANCE INTO SALINAS VALLEY STATE
6 PRISON (SVSP). THE HEARING OFFICER CONDUCTED A
7 PARTIAL HEARING AND FAILED TO DEMONSTRATE THROUGH
8 THE RECORDS BEFORE HIM ANY EVIDENCE OF SPECIFIC
9 FACT THAT PETITIONER AND HIS SPOUSE (VISITOR #2) OR
10 (VISITOR #1) ENGAGED IN A MEETING OF THE MIND[S]
11 TO INTRODUCE CONTROLLED SUBSTANCES INTO SVSP.
12 NO SPECIFIC DATE, TIME OR PLACE WAS PRESENTED TO
13 ESTABLISH THAT PETITIONER CONSPIRED WITH ANYONE.
14 NO LETTERS, NO PHONE RECORDINGS, NO ADMISSIONS,
15 NO FIRSTHAND KNOWLEDGE, NO SPECIFIC CONVERSATIONS,
16 NOTHING. EVERYTHING THE HEARING OFFICER BASED HIS
17 DECISION ON IS THE FACT THAT VISITOR #1 AND VISITOR #2
18 WERE ARRESTED FOR BEING IN POSSESSION OF MARIJUA-
19 NA ENTERING SVSP'S VISITING PROCESSING AREA WHERE
20 INMATES ARE NOT PERMITTED. BEING THAT THESE CHARGES
21 ALLEGE CONSPIRACY, EVIDENCE IN THE FORM OF CONCRETE
22 FIRSTHAND KNOWLEDGE IS REQUIRED AND CORROBORATED
23 TO SUPPORT THE CHARGED OFFENSE. PRISON OFFICIALS
24 RELIED UPON THE USE OF CONFIDENTIAL SOURCES INFORMA-
25 TION AND DID NOT DISCLOSE ANY FIRSTHAND EVIDENTIARY
26 STATEMENTS FROM THE SOURCES AND FAILED TO INCORPOR-
27 ATE ANY STATEMENTS OR EVIDENCE IN THE DISPOSITION
28 PORTION OF THE RULES VIOLATION REPORT (RVR) THAT THE

1 Ground 1" CONT...

2 HEARING OFFICER MADE A TRUTHFULNESS ASSESSMENT OF
 3 THE RELIABILITY OF EACH OF THE MULTIPLE SOURCES WHETHER
 4 THE CONFIDENTIAL INFORMATION WAS FIRSTHAND OR HEARSAY
 5 STATEMENTS AS REQUIRED BY ADMINISTRATIVE BULLETIN
 6 92/15 ATTACHED HERETO AS EXHIBIT "B". BEING THAT
 7 PRISON OFFICIALS DISCLOSED SUCH A VAGUE STATEMENT
 8 ON THE PROVIDED INMATE COPY OF THE THREE C.D.C. 1030
 9 CONFIDENTIAL DISCLOSURE FORMS, AND BECAUSE THE RECORD
 10 IS ABSENT ANY STATEMENTS OR EVIDENCE TO SHOW THAT
 11 PETITIONER DID ANYTHING CRIMINAL WARRANTING ANY
 12 CHARGES TO BE FILED AGAINST HIM AT ALL. THE PRISON
 13 EVEN WENT SO FAR AS TO UNLAWFULLY ASSESS 180 DAYS
 14 FORFEITURE OF CREDITS IN VIOLATION OF THEIR OWN
 15 PROCEDURES WHICH INSURES THAT PETITIONER IS ENTITLED
 16 TO HAVE THE AVR HEARING WITHIN 30 DAYS FROM THE
 17 DAY PETITIONER RECEIVED HIS COPIES OF THE AVR ON
 18 9/29/06 AT 11:50 A.M. THE HEARING WAS CONDUCTED
 19 ON 10/29/06 AT 1835 HRS. THAT'S THE 31ST DAY BY
 20 7 HRS. AND 5 MINS. LT. BARBEE, THE HEARING OFFICER,
 21 THE REVIEW OF THE HEARING CONDUCTED BY CAPT. RANKIN
 22 AND THE CHIEF DISCIPLINARY OFFICER (CDO) ALL SHOULD
 23 HAVE ACKNOWLEDGED THAT THEY WERE BARRED FROM
 24 ASSESSING CREDITS AND FAILED TO CORRECT THE PROCED-
 25 URAL VIOLATION. IN FACT, EVERY OFFICIAL WHO TOOK
 26 PART OF THE DISCIPLINARY PROCESS, SIGNED OFF ON THE
 27 REVIEW OF AVR LOG # S06-D9-0027R, APPROVING THAT
 28 I WERE RIGHTFULLY FOUND GUILTY OF CONSPIRACY TO INTR-

1 GROUND 1" CONT...

2 DUEB A CONTROLLED SUBSTANCE INTO THE INSTITUTION

3 WITHOUT AN INKLING OF EVIDENCE AND UNLAWFULLY

4 SUSPECTED ME TO RANDOM DRUG TESTING ONCE A MONTH

5 FOR ONE YEAR, LOSS OF ONE YEAR OF NO VISITS PLUS,

6 TWO YEARS OF NON-CONTACT VISITS. THE ONLY WAY FOR

7 THE COURT TO DETERMINE THAT THE CHARGES AND THE

8 DISCIPLINARY HEARING OFFICERS DECISION WAS NOT

9 BASED ON SOME EVIDENCE, IS TO REVIEW THE CONFIDEN-

10 TIAL INFORMATION FOR EVIDENCE SPECIFYING AN APPROX-

11 IMATE DATE, TIME AND PLACE THAT EITHER CONFIDENTIAL

12 SOURCE PROVIDED FIRSTHAND INFORMATION OF WHAT

13 CONVERSATION THEY HEARD PETITIONER AND VISITOR #1

14 OR VISITOR #2 HAVE WITH EACH OTHER EXPRESSLY WITH

15 SPECIFICITY OF ENGAGING IN TALKS REGARDING, INTRO-

16 DUCING CONTROLLED SUBSTANCES INTO THE PRISON. WITH-

17 OUT THAT EVIDENCE, THERE CAN BE NO CONSPIRACY. THE

18 REST OF THE RECORD SPEAKS IN VOLUME THAT, THERE IS

19 NO EVIDENCE TO SUPPORT THAT I SHOULD HAVE EVER

20 BEEN CHARGED. THERE WAS NO CONTACT BETWEEN

21 PETITIONER AND VISITORS #1 OR #2 ON THE DAY IN

22 QUESTION PERIOD. THEREFORE, THE RVR AGAINST THE

23 PETITIONER WAS BASED SOLELY ON WHAT TOOK PLACE

24 WITH PRISON OFFICIALS AND VISITORS #1 AND #2.

25 PETITIONER SHOULD HAVE NEVER BEEN CHARGED. FOR

26 PURPOSES OF PROCEDURAL DUE PROCESS VIOLATIONS WHICH

27 OCCURRED THROUGHOUT THE ENTIRE DISCIPLINARY PROCESS,

28 PETITIONER HAS SHOWN THE NUMEROUS FLAWS AND

1 GROUND "1" CONT...

2 LACK OF EVIDENCE TO UPHOLD THE CHARGE. SEE
 3 EXHIBIT "C". THE DISCIPLINARY FINDING OF GUILT MUST
 4 BE REVERSED BECAUSE PETITIONER DID NOT RECEIVE
 5 ANY INFORMATION ALLEGING CONSPIRACY CONTAINED IN
 6 THE CONFIDENTIAL REPORTS, AS REQUIRED BY CCA'S
 7 3321 WHICH REQUIRES THAT A PRISONER ABOUT WHOM
 8 CONFIDENTIAL INFORMATION HAS BEEN GATHERED, BE
 9 PROVIDED WITH NOTICE THAT THE INFORMATION INVOLVING
 10 EVIDENCE OF CONSPIRACY (AND NOT PERSONAL BELIEFS)
 11 ACTUALLY EXIST, AND BE TOLD "[A]S MUCH OF THE
 12 INFORMATION AS CAN BE DISCLOSED WITHOUT IDENTIFYING
 13 THE CONFIDENTIAL SOURCE. IN THE INSTANT CASE,
 14 NO EVIDENCE TO SUPPORT THE CHARGE HAS BEEN
 15 PROVIDED.

16 THIS BLATANT SERIES OF PROCEDURAL DUE PROCESS
 17 VIOLATIONS CREATED AN ATYPICAL AND SIGNIFICANT HARD-
 18 SHIP ON PETITIONER FOR IT IS IMPOSSIBLE TO DEFEND
 19 AGAINST CHARGES ESPECIALLY, WHEN FORCED TO DEFEND
 20 AGAINST NO EVIDENCE IN THE RECORD THAT VERIFIES
 21 PETITIONER BEING INVOLVED IN ANYTHING CRIMINAL.
 22 THIS MATTER PROBABLY COULD HAVE BEEN RESOLVED
 23 THROUGH THE PRISON'S APPEAL SYSTEM HAD NOT ELOY
 24 MEDINA, THE APPEALS COORDINATOR UNLAWFULLY
 25 SCREENED OUT MY INMATE GRIEVANCE. SEE EXHIBIT
 26 "C" PAGE 9 AT THE VERY BOTTOM, DESCRIBING THE
 27 DATE AND TIME PETITIONER WAS GIVEN HIS COPY
 28 OF THE FINAL DISPOSITION. I AM ALLOWED 15 DAYS

1 Ground "1" concludes.

2 TO APPEAL FROM 12/5/06, IN WHICH I did TIMELY FILE
3 EXHIBIT "C" ON 12/13/06. THIS IS ONE OF MANY TACTICS
4 USED BY ELOY MEDINA TO HEAD OFF INMATE APPEALS
5 SEEKING RELIEF. (DELIBERATELY)

6 PETITIONER HAS EXHAUSTED ALL STATE COURT
7 REMEDIES.

1 GROUNDS "2" CONT.

2 AN INMATE GRIEVANCE (CDC 602) REGARDING THE
3 PROCEDURAL due PROCESS VIOLATIONS DURING THE ENTIRE
4 DISCIPLINARY HEARING AND PROCESS AS WELL AS THE
5 GUILTY FINDING. SEE EXHIBIT "A". INITIALLY UPON
6 SUBMITTING MY CDC 602, THE APPEALS COORDINATOR
7 ELOY MEDINA, UNLAWFULLY SCREENED OUT MY CDC 602
8 ON 7/7/06 AND REQUESTED DOCUMENTS THAT WERE
9 ALREADY ATTACHED TO THE GRIEVANCE. PETITIONER
10 THEN RESUBMITTED THE CDC 602 ON 7/19/06. AGAIN
11 ELOY MEDINA SCREENED OUT MY GRIEVANCE ON 9/21/06,
12 CLAIMING I AM APPEALING AN ACTION ALREADY TAKEN.
13 THIS IS ANOTHER UNLAWFUL SCREEN OUT THAT IS NOT
14 LISTED UNDER THE APPEAL OBJECTION CRITERIA OF THE
15 CALIF. CODE OF REGULATIONS. THIS WAS A TACTIC TO
16 PREVENT MY ABILITIES TO PURSUE PROCEDURAL due
17 PROCESS VIOLATIONS DURING THE FIRST DISCIPLINARY
18 HEARING. AS NOTED, ELOY MEDINA'S NOTATION ON
19 THE SECOND SCREEN OUT FORM INDICATES THAT HE
20 WAS INVESTIGATING MY GRIEVANCE BEYOND PROTOCOLS
21 DEFINED UNDER THE SCREEN-OUT OBJECTION CRITERIA.
22 JUST BECAUSE THE AVR LOG #SVSA-S05-10-0013 WAS
23 ORDERED REISSUED/REHEARD, DOES NOT BAR PETITIONER
24 FROM BEING ABLE TO COMPLETELY EXHAUST AVAILABLE
25 ADMINISTRATIVE REMEDIES OF EXHIBIT "A" REGARDING
26 THE PROCEDURAL due PROCESS ISSUES DURING THE
27 DISCIPLINARY HEARING. ELOY MEDINA KEPT MY CDC
28 602 FROM GOING FORWARD WITHOUT LEGAL CAUSE

1 GROUNDS "2" CONT...

2 OR GROUNDS. CLEARLY MY ACTION REQUESTED IN MY
3 GRIEVANCE DATED 7/5/06 WAS NOT GRANTED NOR
4 DOES THE NOTATION BY ELOY MEDINA SUPPORT MY
5 ACTION REQUESTED. THEREFORE, NOTHING HAS BEEN
6 PROVIDED TO SUPPORT THAT I AM APPEALING AN ACTION
7 ALREADY TAKEN;

8 ON SEPT. 24, 2006, I RESUBMITTED THE 7/5/06
9 EXHIBIT "A" CDC 602 WITH A WRITTEN EXPLANATION
10 WHY I DISAGREED WITH THE SECOND SCREEN OUT.
11 SEE REVERSE SIDE OF INMATE SCREEN OUT FORM
12 DATED 9/21/06.

13 ON SEPT. 27, 2006, THE APPEALS COORDINATOR
14 ELOY MEDINA UNLAWFULLY SCREENED OUT MY
15 CDC 602 AGAIN. BUT FOR REASONS THAT BECAUSE
16 MY INITIAL RVR 115 WAS ORDERED REISSUED/REHEARD
17 THAT THE RVR 115 PETITIONER IS APPEALING REGARDING
18 THE PROCEDURAL DUE PROCESS ISSUES NO LONGER HAS
19 AN ADVERSE AFFECT UPON ME WHICH IS UNTRUE
20 SINCE PRISON OFFICIALS SUCH AS THE HEARING OFFICER
21 DELIBERATELY STRAYED FROM THEIR OWN PROCEDURES
22 RESULTING TO A GUILTY FINDING WITHOUT AFFORDING
23 ME ENTITLED PROCEDURAL DUE PROCESS DURING THE RVR
24 DISCIPLINARY HEARING.

25 THE APPEALS COORDINATOR'S REASONS FOR SCREEN
26 OUTS #1, #2 AND #3 WERE ALL BEYOND THE SCOPE
27 OF THE SCREENING PROCESS DEFINED IN THE CALIF.
28 CODE OF REGULATIONS AND DELIBERATELY HURT MY CDC

1 Grounds "#2" CONT...

2 BO2 FROM GOING FORWARD IN ORDER TO EXHAUST THE
3 APPEALED ISSUE CONTAINED IN EXHIBIT "A" SUCH AS
4 THE HEARING OFFICER'S FAILURE TO MAKE AN ASSESS-
5 MENT OF THE TRUTHFULNESS AND RELIABILITY OF THE
6 CONFIDENTIAL SOURCES AND INSERT HIS DETERMINATION
7 IN THE FINAL DISPOSITION PORTION OF THE AVR ALONG
8 WITH HIS FINDINGS. ALSO, THERE WAS NOTHING IN THE
9 PROVIDED CDC 1030 CONFIDENTIAL DISCLOSURE FORMS
10 THAT WAS ADEQUATE TO ESTABLISH EVIDENTS OF FIRST
11 HAND KNOWLEDGE AND/OR SPECIFIC STATEMENTS MADE
12 OR HEARD BEING SAID BETWEEN PETITIONER AND
13 VISITORS #1 OR #2 THAT WOULD AFFIRM AN ACTUAL
14 MEETING OF MINDS TO ESTABLISH CONSPIRACY. THESE
15 RELEVANT ISSUES AMONG THE MANY OTHER ISSUES
16 CONTAINED IN THE 7/5/06 CDC 602. SEE AND REFER
17 TO EXHIBIT "B". THIS CDC 602 IS VITAL TO ESTABLISH
18 THE LACK OF "SOME EVIDENCE" TO ESTABLISH CONSPIRACY
19 WHICH CLEARLY DEMONSTRATES THAT PETITIONER SHOULD'VE
20 NEVER BEEN CHARGED PERIOD. CALIFORNIA LAW HAS LONG
21 DECIDED THAT ONCE A CONSTITUTIONAL VIOLATION ACCRUES
22 AS A RESULT OF GOVERNMENT OFFICIALS ARBITRARY ACTS,
23 NOTHING CAN CURB THE ACT BUT FOR 42 U.S.C. § 1983.

24 THEREFORE, DISALLOWING PETITIONER TO EXHAUST HIS CDC
25 602 CREATED AN ATYPICAL AND SIGNIFICANT HARDSHIP

26 FOR THESE REASONS, PETITIONER'S ABILITIES TO
27 TO EXHAUST HIS AVAILABLE ADMINISTRATIVE REMEDIES
28 HAVE BEEN IMPDED WARRANTING THE COURT TO MAKE

1 Grounds "2" CONT...

2 A DETERMINATION ON THE FACTS OF THE GRIEVED ISSUES
3 IN ITS ENTIRETY.

4 EVENTUALLY, AVR LOG #S05-10-0013 DATED 10/20/05
5 WAS REISSUED AND REHEARD NOW LOG #S06-07-0027 R
6 RESULTING TO A SECOND GUILTY FINDING ON 10/24/06
7 AT 1855 HRS. EXACTLY 7 HOURS AND 5 MINUTES BEYOND
8 THE (30) THIRTY DAYS REQUIRED TO CONDUCT A HEARING.
9 THIS HEARING WAS CONDUCTED FOR FORMALITY SAKE AND
10 A FEEBLE ATTEMPT TO CLEAN UP CONSTITUTION VIOLATIONS.
11 AGAIN THE APPEALS COORDINATOR ELOY MEDINA HAVB
12 IMPEDED MY ABILITY TO EXHAUST MY AVAILABLE ADMIN-
13 ISTRATIVE REMEDIES ON THE GUILTY FINDING OF THE
14 REISSUED AVR, FOR STATED REASONS THAT I FAILED TO
15 MEET THE 15 DAYS TIME CONSTRAINTS. MY CDC 602
16 WAS DATED AND SUBMITTED ON DEC. 13, 2006 AND I
17 HAD RECEIVED MY FINAL COPY OF THE DISCIPLINARY HEARING
18 AVR FORM DEC. 5, 2006, THEREFORE, MY CDC 602 WAS
19 SUBMITTED (8) EIGHT DAYS FROM THE DATE I RECEIVED
20 MY FINAL COPY OF THE DISPOSITION. THE APPEALS COOR-
21 DINATOR HAS NOT PROVIDED ACCURATE PROOF THAT I
22 FAILED TO MEET THE TIME CONSTRAINTS. MY ABILITY TO
23 EXHAUST MY AVAILABLE ADMINISTRATIVE REMEDIES
24 AGAIN WORB UNLAWFULLY IMPEDED. SEE EXHIBIT "C"
25 (CDC 602 DATED DEC. 13, 2006).

26 THE SCREEN OUT FORM FROM ELOY MEDINA DATED
27 JAN. 23, 2007, STATING THAT MY FINAL COPY OF MY
28 AVR HEARING WAS ISSUED TO ME ON 7/3/06 IS SO

1 Grounds "2" CONT...

2 UNFOUNDED. IT IS INCONCEIVABLE FOR PETITIONER TO

3 HAVE RECEIVED THE FINAL COPY OF THE DISPOSITION OF

4 THE RVR HEARING ON 7/3/06 WHEN CLEARLY THE HEARING

5 WAS CONDUCTED ON OCT. 29, 2006. THESE METHODS OF

6 SCREENING OUT INMATE APPEALS UNLAWFULLY IS AN ON-

7 GOING PRACTICE AT SALINAS VALLEY STATE PRISON AND

8 THE WARDEN M.S. EVANS IS AWARE OF IT AND HAS ACQUIRED

9 THE ACTS AND HAS TURNED A BLIND EYE ON THE MATTER.

10 THE APPEALS COORDINATORS TO INCLUDE ELOY MEDINA

11 ARE TAKING ADVANTAGE OF THE EXTRAORDINARILY HIGH

12 ILLITERACY RATE OF PRISONERS AND ARE DELIBERATELY

13 CREATING BARRIERS AND FRUSTRATING THE APPEALS PROCESS.

14 THESE FACTS PRESENTED ARE A PRIME EXAMPLE OF HIS ACTS.

15 THEREFORE, WITH THIS EVIDENCE PROVING THAT MY 602

16 WAS UNLAWFULLY IMPEDED, I AM WITHOUT ANY FORM OF

17 RELIEF FROM MY GRIEVED ISSUES WHICH STILL NEEDS

18 ADDRESSING ON THE MERITS AS DESCRIBED IN MY GROUND 1

19 WHICH IF THE COURT DECIDES TO REVIEW THE RECORDS

20 DE NOVO OR IN CAMERA, WHICH EVER IS PROPER, THEN

21 THE COURT CAN DETERMINE THAT THE GROUNDS RAISED ARE

22 ENTITLED TO RELIEF.

23 PETITIONER ALLEGES THAT THE INMATE APPEALS

24 OFFICE HERE AT S.V.S.P. IS BEING UTILIZED BY PRISON

25 OFFICIALS AS A LITIGATION POST TO SHIELD THEMSELVES

26 AND CERTAIN COLLEAGUES FROM FILINGS BY INMATES

27 THROUGH UNLAWFUL SCREEN OUTS. MAKING IT IMPOSS-

28 IBLE TO GRIEVE THROUGH A SYSTEM THAT IS SUPPOSE TO

1 Grounds "2" CONT..

2 BE A NEUTRAL FORUM FOR REDRESS OF GRIEVANCES,
3 Guided BY THE CALIF. CODE OF REGULATIONS TITLE 15.
4 INSTEAD, ELOY MEDINA AND THE OTHER APPEALS
5 COORDINATORS ARE DISREGARDING THE RULES IN SUPPORT
6 OF THE BADGE AND SHIELDS HIS COLLEAGUES.

7 WHEREFORE, THE ONLY POSSIBLE RELIEF FROM THESE
8 CDC 602'S MUST COME FROM THE COURT RECOGNIZING
9 THAT BLOCKING 602'S FROM GOING FORWARD IMPEDES
10 ACCESS TO THE COURT.

11 ALL STATE COURT REMEDIES ARE EXHAUSTED
12 RELIEF REQUESTED:

13 1. THAT THE COURT CONDUCT AN IN CAMERA REVIEW
14 OF THE CONFIDENTIAL INFORMATION TO DETERMINE WHETHER
15 FIRST HAND INFORMATION WAS PROVIDED AND WAS SUBSTANTIAL
16 ENOUGH TO BE USED AS FACTUAL EVIDENCE OF CONSPIRACY
17 TO INTRODUCE A CONTROLLED SUBSTANCE INTO S.V.S.P.

18 2. AN EVIDENTIARY HEARING.

19 3. REVERSE GUILTY FINDING AND RESTORE ALL CREDITS.

20 4. EXPUNGE RVR IN ITS ENTIRETY FROM RECORDS.

21 5. MAKE A DECLARATORY JUDGMENT ON ALL U.S. AND
22 CALIFORNIA CONSTITUTIONAL RIGHTS INFRINGEMENTS AND/OR
23 DEPRIVATIONS.

24 6. THAT THE COURT GRANT THIS WRIT IN ITS ENTIRETY.

25
26 DATE: ~~2/3/08~~ 2008

27 2/3/08

28 
ANGEL BURRELL IN PRO. PER.

1 List, by name and citation only, any cases that you think are close factually to yours so that they
 2 are an example of the error you believe occurred in your case. Do not discuss the holding or reasoning
 3 of these cases:

4 BRADLEY V. HALL, 64 F.3d 1276 (9TH CIR. 1997); BOUNDS V. SMITH
 5 430 U.S. 817 (1977); VALANDINGHAM V. DEJORDUEZ, 866 F.2d
 6 1135 (9TH CIR. 1988) P.L.R.A. 42 U.S.C. 1997(e) (CONTINUE...

7 Do you have an attorney for this petition?

Yes ☐ No ☒

8 If you do, give the name and address of your attorney:

9 _____
 10 WHEREFORE, petitioner prays that the Court grant petitioner relief to which s/he may be entitled in
 11 this proceeding. I verify under penalty of perjury that the foregoing is true and correct.

12
 13 Executed on _____

14 Date

2/3/08

12
 13 Angel Burrell
 14 Signature of Petitioner

15
 16
 17
 18
 19
 20 (Rev. 6/02)

1 CASES CONTINUED).....

2 U.S. CONSTITUTION FIRST AMENDMENT; SANDIN V. CONNER,
3 115 S.C.T. 2293 (9TH CIR.); WOLFF V. McDONNELL 94 S.C.T.
4 2963; SUPERINTENDENT V. HILL (1985) - 472 U.S. 445-454;
5 BURNSWORTH V. GUNDERSON, 179 F.3d 771-774 (9TH CIR 1999);
6 CALIF. CODE OF REGULATIONS TITLE 15 §§ 3321, 3084
7 PENAL CODE 2932(c)(1)(A)

FILED

AUG 10 2007

SUPERIOR COURT OF CALIFORNIA

COUNTY OF MONTEREY

LISA M. GALDOS
CLERK OF THE SUPERIOR COURT
DEPUTY

E. Perry

In re

Angee Burrell

On Habeas Corpus.

) Case No.: HC 5769

) ORDER

Received
8/14/07

On June 13, 2007, Petitioner filed a petition for writ of habeas corpus. On June 25, 2007, Petitioner filed a proof of service.

The background of the petition is as follows.

Petitioner is currently incarcerated at Salinas Valley State Prison (SVSP).

On or about October 20, 2005, a Rules Violation Report was issued against Petitioner, for conspiracy to introduce a controlled substance. (RVR S05-10-0013.) On June 4, 2006, Petitioner was found guilty of conspiracy to introduce a controlled substance and was assessed a 180-day credit forfeiture. On or about July 5, 2006, Petitioner submitted an appeal, challenging the guilty finding. His appeal was screened out.

On September 21, 2006, the Chief Disciplinary Officer D. Travers ordered the Rules Violation Report (RVR S05-10-0013) to be reissued and reheard because the Senior Hearing Officer failed to assess reliability of confidential information.

On or about September 21, 2006, the Rules Violation Report was reissued against Petitioner, for conspiracy to introduce a controlled substance. (RVR S06-09-0027R.) On or about October 29, 2006, Petitioner was found guilty of conspiracy to introduce a controlled substance and was assessed a 180-day credit forfeiture. On or about December 13, 2006, Petitioner submitted an appeal, raising several issues. One of the issues Petitioner raised was the guilty finding of conspiracy to introduce a controlled substance. On or about December 20,

2006, Petitioner's appeal was screened out. Petitioner resubmitted his appeal. On or about January 23, 2007, Petitioner's appeal was rejected on the grounds that 1) time constraints were not met; and that 2) the appeal contained numerous and separate issues.

In the instant petition, Petitioner claims that he was improperly found guilty of conspiracy to introduce a controlled substance at the October 29, 2006 disciplinary hearing.

Petitioner claims that his disciplinary hearing was not timely held. California Code of Regulations, title 15, section 3320(b) provides that the charges shall be heard within 30 *days* from the date the inmate is provided a copy of the CDC Form 115. Here, Petitioner was provided a copy of the CDC Form 115 on September 29, 2006. His disciplinary hearing was held on October 29, 2006 (the 30th day). Petitioner appears to claim that the hearing was untimely held on October 29, 2006 at 18:55 p.m. because he was given a copy of the CDC Form 115 on September 29, 2006 at 11:50 a.m. Petitioner's claim fails because section 3320(b) speaks in terms of *days*, *not hours*.

Petitioner claims that the evidence was insufficient to support the guilty finding. This claim is not persuasive. A prison administrator's decision to revoke good time credits must be based on some evidence. *Superintendent v. Hill* (1985) 472 U.S. 445, 455. This standard is minimally stringent. The relevant question is whether there is *any* evidence in the record that could support the conclusion reached by the disciplinary board. *Superintendent v. Hill, supra*, 472 U.S. at p. 455. Here, there is some evidence supporting the Senior Hearing Officer's guilty finding.

The guilty finding was based on the confidential memos of September 30, 2005 and October 18, 2005, authored by Investigative Services Unit (ISU) Officer S. Henley and attested to by the three CDC1030 Forms. According to the CDC1030 Forms, sources stated that Petitioner had been conspiring with his wife to introduce a controlled substance into SVSP

1 through a visit. One source stated that Petitioner and his ex-cellmate, Inmate Henderson, were
2 bringing large quantities of narcotics into SVSP through visits.

3 The guilty finding was also based on the Rules Violation Report, authored by
4 Correctional Officer S. Henley. The information provided by the sources proved to be true. On
5 October 16, 2005, the ISU was conducting an investigation regarding the introduction of a
6 controlled substance into SVSP. On that day, Visiting Sergeant Knuckles contacted the ISU to
7 alert that Petitioner's wife (Visitor 1) had arrived at the Central Visiting Processing Center. The
8 ISU informed Visitor 1 that they had obtained a search warrant, and asked Visitor 1 to relinquish
9 her vehicle key. When the ISU searched Visitor 1's vehicle, they found items consistent with the
10 packaging of a controlled substance (baggies, tape, balloons and Vaseline), leading them to
11 believe that she was in possession of a controlled substance with the intention to introduce it into
12 the prison. Visitor 1 was transported to an outside hospital where four balloons were recovered
13 from her. The balloons contained marijuana. The ISU also found out that a visitor of Inmate
14 Henderson (Visitor 2) arrived at SVSP with Visitor 1 and that upon her arrival, Visitor 2 used the
15 restroom. The ISU conducted a search of the restroom and discovered a balloon containing
16 narcotics. During the interview with the ISU, Visitor 2 stated that she attempted to hide the
17 balloon in the paper toilet seat covers on the wall.

18 Petitioner claims that the use of confidential information did not comply with
19 Administrative Bulletin 92/15 (Use of Confidential Information in Disciplinary Hearings). His
20 claim is not persuasive. The Senior Hearing Officer found the information provided by the
21 sources to be reliable. All of the sources had previously provided confidential information which
22 had proven to be true. There was more than one source that independently provided the same
23 information. The sources incriminated themselves in criminal activities at the time of providing
24 the information. Part of the information provided by the sources had already proven to be true.
25 Petitioner appears to claim that some of the information required by the Administrative Bulletin

92/15 is not found in the finding portion of the Rules Violation Report. The Administrative Bulletin 92/15 requires that certain information be contained in a confidential memorandum, incident report or finding portion of the CDC Form 115 with investigative information and appropriate documentation. The fact that some of the information required by the Administrative Bulletin 92/15 is not found in the finding portion of the CDC Form 115 does not mean that the required information is not contained in other documents such as confidential memos and incident report.

Petitioner's challenge to the guilty finding of October 29, 2006 also fails because Petitioner has failed to exhaust his administrative remedies. See *In re Muszalski* (1975) 52 Cal.App.3d 500, 508.

Petitioner's claim that his appeal dated July 5, 2006 was improperly screened out is moot. In his appeal dated July 5, 2006, Petitioner challenged the June 4, 2006 guilty finding of conspiracy to introduce a controlled substance. However, his Rules Violation Report was subsequently reissued and reheard on October 29, 2006. Thus, the issue Petitioner raised in his appeal became moot.

Petitioner claims that his appeal dated December 13, 2006 was improperly screened out. This claim is not persuasive. His appeal was screened out on two grounds. The Appeals Coordinator's claim that the submission of the appeal was untimely was not correct. Petitioner received the final copy of the Rules Violation Report on December 5, 2006, and timely submitted his appeal on or about December 13, 2006. However, his appeal was properly screened out on the basis that the appeal raised numerous and separate issues. In his appeal dated December 13, 2006, Petitioner challenged the October 29, 2006 guilty finding *and also raised other issues* such as misconduct by prison staff. After his appeal was screened out on January 23, 2007, Petitioner failed to follow the instructions on the Inmate Appeal Screening Form. The Inmate Appeal Screening Form states, "If you allege the above reason is inaccurate,

1 then attach an explanation . . . Please return this form to the Appeals Coordinator with the
2 necessary information attached.” (See Inmate Appeal Screening Form dated January 23, 2007.)
3 Petitioner fails to explain why he did not submit an explanation to the Appeals Coordinator if he
4 believed that the screen-out was improper. See *People v. Duvall* (1995) 9 Cal.4th 464, 474.

5 In light of the foregoing, the petition is denied.

6 IT IS SO ORDERED.

7 Dated:

8-10-07



Hon. Gary E. Meyer
Judge of the Superior Court

CERTIFICATE OF MAILING

C.C.P. SEC. 1013a

I do hereby certify that I am not a party to the within stated cause and that on August 10, 2007 I deposited true and correct copies of the following document: ORDER in sealed envelopes with postage thereon fully prepaid, in the mail at Salinas, California, directed to each of the following named persons at their respective addresses as hereinafter set forth:

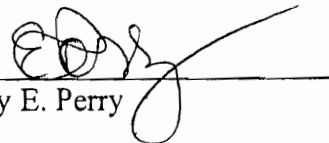
Angee Burreil T48872
Salinas Valley State Prison
PO Box 1050 D7-231
Soledad, CA. 93960

Dated: 8/10/07

LISA M. GALDOS,
Clerk of the Court

By: _____

Deputy E. Perry

A handwritten signature in black ink, appearing to be "E. Perry", is written over a horizontal line. The signature is stylized with loops and a long horizontal stroke extending to the right.

1 ANGEE BURRELL
2 T48872 DT-231
3 P.O. Box 1050
4 Soledad, CALIF. 93960
5 SALINAS VALLEY STATE PRISON

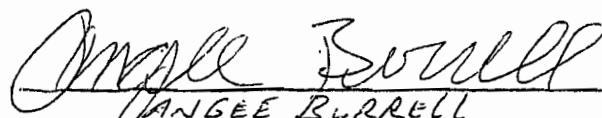
6
7 IN PRO. PER.

8 CALIFORNIA COURT OF APPEALS
9 FOR THE ~~SW~~ DISTRICT

10
11 IN RE: } CASE #: HC 5769
12 ANGEE BURRELL } CT. OF APP. #
13 ON HABEAS CORPUS) NOTICE OF APPEAL

14
15 PETITIONER CONTENDS THAT THE SUPERIOR COURT
16 ERRED IN ITS DENIAL WHEN IT FAILED TO CONDUCT AN
17 EVIDENTARY HEARING IN ORDER TO EXAMINE THE ENTIRE
18 RECORD TO PROPERLY MAKE ITS DETERMINATION BASED ON
19 FACTS INSTEAD OF SIMPLY UPHOLDING PRISON OFFICIALS
20 ARBITRARY FINDINGS. CLEARLY THE RECORD REFLECTS AN
21 ABUNDANCE OF ASSUMPTION, SPECULATION AND PRISON
22 OFFICIALS COMMON BELIEFS SURROUNDING THE CIRCUMSTANCES
23 OF THE EVENTS. BUT THE PETITION IF REVIEWED PROPER
24 WOULD DEMONSTRATE THAT I HAVE A PRIMA FACIE CASE.
25 PETITIONER PRAYS FOR RELIEF ON APPEAL BY THIS COURT.

26
27 DATED: 8/27/07

28 
ANGEE BURRELL
IN PRO. PER.

COPY

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SIXTH APPELLATE DISTRICT

Court of Appeal - Sixth App. Dist.
FILED

OCT 3 - 2007

MICHAEL J. YERLY, Clerk

By DEPUTY

In re ANGEE BURRELL,

on Habeas Corpus.

H032026
(Monterey County
Super. Ct. No. HC5769)

BY THE COURT:

The petition for writ of habeas corpus is denied.

(Bamattre-Manoukian, Acting P.J., Mihara, J., and McAdams, J.,
participated in this decision.)

Dated OCT 3 - 2007 BAMATTRE-MANOUKIAN, J. Acting P.J.

S157160

IN THE SUPREME COURT OF CALIFORNIA

En Banc

In re ANGEE BURRELL on Habeas Corpus

The petition for writ of habeas corpus is denied. (See *In re Dexter* (1979)
25 Cal.3d 921.)

SUPREME COURT
FILED

NOV 28 2007

Frederick K. Ohlrich Clerk

Deputy

GEORGE
Chief Justice

EXHIBIT A[#]

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation

CDCR-695

INMATE: Burrell CDC #: T-48872 CDC HOUSING: D7-216

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input checked="" type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

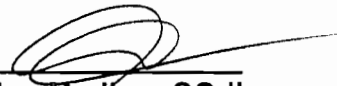
PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

to appeal an RVR, you must attach a
complete final copy w/ all attachments
(837, 115A, 1030s, etc)

7/21/06 - Attach I.E. report, S/A report

READ REVERSE SIDE


Eloy Medina, CC-II
Appeals Coordinator

Date: 7/17/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Burrell CDC #: T-48872 CDC HOUSING: D7-231

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| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
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| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS**Comments:** You may write on back of this form to clarify or respond to the above.Appealing Action Already taken

during ~~the~~ research of your appeal, it was discovered that the RVR (505-10-0013) was in the process of being reissued/reheard by the Chief Disciplinary Officer

REC'D SEP 26 2006
DELIVERED SEP 29 2006

Read Reverse side
9/24/06 →


Eloy Medina, CC-II
Appeals Coordinator

Date: 9/21/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

3

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Burrell CDC #: T-48872 CDC HOUSING: D7-231

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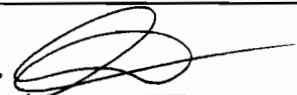
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| <input type="checkbox"/> Attempting to Change Original Appeal Issue | Services, submit your request on a CDCR-Form 7362. |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | If necessary, sign up for sick call. |
| <input type="checkbox"/> Request for Interview; Not an Appeal | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal |
| <input type="checkbox"/> Numerous and separate issues | document and pencil/inks other than black or blue do |
| | not copy legibly |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

Burrell - I read your comments. However, there is
 no significant adverse effect. You were appealing
 an RVR. The RVR was ordered Reissue/Rehear.
 Therefore, the RVR you were appealing no longer
 has an adverse effect upon you.


 Loy Medina, CC-II
 Appeals Coordinator

Date:

9/27/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation in a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE APPEAL FORM

CDC 902 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. SVF 21. 00-02448

1

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

RVR

505-10-0013

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Burrell	T-48872	D-7-Poster	D-7-216

A. Describe Problem: Nothing in this Report Reveals that Visitor 1 & 2 at any time implicated me in any of the activities surrounding introducing any controlled substance in the prison. This Report is devoid any information which establishes that there were a meeting of the minds between visitors 1 & 2 to affirm that we all agreed to act together to introduce any controlled substance into the prison the hearing officer has said to document in his findings.

If you need more space, attach one additional sheet.

REC'D JUL 08 2006

See ATTACH, sheet

DELIVERED JUL 18 2006

B. Action Requested: Based on insufficiency of evidence to establish a conspiracy to introduce controlled substances into the institution, in the interest of justice the RVR must be Dismissed.

RET'D AUG 04 2006

Inmate/Parolee Signature: Angel Burrell

REC'D JUL 20 2006

Submitted: 7/5/06

1. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

REC'D SEP 26 2006

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

2. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Inventory of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

BYPASS



State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Burrell CDC #: T-48872 CDC HOUSING: D7-231

THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
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| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input checked="" type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

Burrell - to appeal an RVR, you must submit an appeal w/in 15 days of receipt of final copy. 1 RVR per Appeal. When submitting the appeal - attach copies of all documents pertaining to ~~appeal~~ RVR noting due process/procedural violations.

to submit a staff complaint, note: who, what, where, when, how: witnesses. Be specific. general accusations like "they conspired against me" is not enough. You need to state how, when, witnesses, etc.

Also, I don't work w/ officer Henley; I don't even know who you are. How could I conspire against you?

Read Reverse side
Date: 12/20/06


Eloy Medina, CC-II
Appeals Coordinator

REC'D JAN 22 2007

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

(continued) - ~~Issue~~:

Specifically what the C.D.C 1030 Attests to ~~that~~ show that I did conspire with my wife to introduce controlled substance into the institution. The Disposition has not specified what was ~~said~~ between Visitor's #1 or #2 and me in order for the Hearing officer to establish a conspiracy to introduce any controlled substances into the institution nor does the Report detail the Reliability of the sources attached to the Relined JCR CDC 1030 Form. Without any form of Evidence i.e. ... First hand knowledge and specific statements made or ~~that~~ heard being ~~said~~ between myself and Visitor #1 or #2, conspiracy cannot be established. The Hearing officer has failed in every aspect of this Disciplinary hearing to establish conspiracy. In order to base the findings on the Preponderance of evidence that I am being found guilty of conspiracy to introduce a controlled substance into the institution. The Disciplinary hearing officer cannot assume due the circumstances of the events leading to this RVR "out". Base his decision on the evidence and the C.D.C 1030 disclosure has not provided any information that clearly states the contents of any conversation between myself and Visitor #1 or #2 demonstrating my meeting of the mind in conspiracy to introduce my controlled substance into the Prison. The constraints were not met" (See Title 15 U.S.C. 336 (c)(1)(7) from the District Attorney's "Receipt" on 6/3/06 LxT. Shawille interview we are assigned officer Kide as staff assistant, which 40 Kide, straight living about questioning me about the U.S. 40 Kide never spoke with me. And I tried to speak on that issue during the hearing to LxT. Shawille. I try to explain that in the hearing but was told to shut up. Respectfully Submitted.

This RVR must be Dismissed.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

D7-216

CDC NUMBER T-43372	INMATE'S NAME BURRELL	RELEASE/BOARD DATE	INST. S.V.S.P.	HOUSING NO. B5-216	LOG NO. S05-10-10
VIOLATED RULE NO(S) CCR §3016(a)		SPECIFIC ACTS CONSPIRACY TO INTRODUCE A CONTROLLED SUBST.	LOCATION CENTRAL VIS. PROCESS.	DATE 10-16-05	TIME 1030 HRS.

CIRCUMSTANCES On October 16, 2005, the Salinas Valley State Prison (SVSP), Investigative Services Unit (ISU) was conducting an investigation regarding the introduction of a Controlled Substance into SVSP, this investigation was concluded on October 20, 2005. On October 16, 2005, at approximately 1030 hours, Sergeant C. Knuckles, Visiting Sergeant contacted me and informed me that an approved visitor of Inmate Burrell T-43372, B5-216, had arrived at the Central Visitation Processing Center and had signed a CDC 1000, Visitors Pass. (Burrell's visitor will be referred to as Visitor #1 within this report) ISU then responded to the Central Visiting Processing Center, where I made the initial contact with Visitor #1. Due to numerous visitors in the visitors processing room, I asked Visitor #1 to step out of the visiting area, where I could talk with her privately. Upon exiting the visiting processing area I informed Visitor #1 that I was conducting an investigation and that I needed to speak with her. Visitor #1 was then escorted to the SVSP Administration Building, In Service Training (IST) class room. Visitor #1 was then advised that she was suspected of bringing a controlled substance into SVSP. Visitor #1 was informed that this unit had obtained a search warrant and that the search warrant included her person, her personal belongings and any vehicle she arrived in. Visitor #1 then asked to relinquish her vehicle key, at which time she did. Visitor #1 also indicated that she

CONTINUED ON PART C

REPORTING EMPLOYEE (Typed Name and Signature) S. Henley, Correctional Officer	DATE 10-20-05	ASSIGNMENT S&I #2	RDO'S S/S/H
REVIEWING SUPERVISOR'S SIGNATURE J. St...	DATE 10-20-05	<input checked="" type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: A2	DATE 10-20-05	LOC.
CLASSIFIED BY (Typed Name and Signature) J. St...		HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC	

COPIES GIVEN INMATE BEFORE HEARING

<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE) J. St...	DATE 10-20-05	TIME 1030	TITLE OF SUPPLEMENT S&I #2
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER:	BY: (STAFF'S SIGNATURE) J. St...	DATE 10-20-05	TIME 1030	BY: (STAFF'S SIGNATURE) J. St...

HEARING
Plea: NOT GUILTY.

Findings: Inmate BURRELL was found GUILTY of CCR §3016(a), specifically "Conspiracy to Introduce A Controlled Substance" a Division "A2" offense. This finding is based on the preponderance of evidence presented at the hearing which does substantiate the charge. The evidence presented at the hearing included: SEE CDC-115-C.

Disposition: Inmate BURRELL assessed 180 days forfeiture of credits in accordance with a Division "A2" offense per CCR §3323(c)(3).

Additional Disposition: Inmate BURRELL was counseled and warned.

Classification Referral: Refer to ICC for program review.

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME) M. Snowalter, Correctional Lieutenant	SIGNATURE M. Snowalter	DATE 10-20-05	TIME 1030
REVIEWED BY: (SIGNATURE) J. St...	DATE 10-20-05	CHIEF DISCIPLINARY OFFICER'S SIGNATURE C. Noli, C.I.C.	DATE 10-20-05
<input checked="" type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING		BY: (STAFF'S SIGNATURE) J. St...	DATE 10-20-05

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 2 OF 2

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S05-10-0013	INSTITUTION S. V. S. P.	TODAY'S DATE 10-20-05 10-16-05
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

had provided a second visitor with a ride and identified her as Visitor #2 an approved visitor of Inmate Henderson, D-58455, B5-132. Sergeant Knuckles was informed and she requested that visiting staff have Visitor #2 report back to the visiting processing center. Officer's A. Diaz and M. Valdez conducted the vehicle search. During the interview I informed Visitor #1 that I would like to utilize a Narcotic Canine during the search of her vehicle at which time she stated that's "OK." During the canine search of Visitor #1's vehicle, the narcotic canine alerted to the following areas: Front passenger seat. Front Console (Ashtray area) and the second row seat, near the sliding door. During the hand search of the vehicle Officer M. Valdez and Officer A. Diaz, found items in the vehicle consistent with the packaging of narcotics (I.E. Baggies, tape and balloons and Vaseline) leading us to believe that she was indeed in possession of a controlled substance with the intention to introduce it into the prison.

I was informed by Sergeant A. Carriaga that during the search of the rest room in the Facility "B" visiting a balloon was found that contained suspected controlled substance.

During the investigation it was discovered that Visitor #2 had arrived at SVSP with Visitor #1 and prior to our arrival to the visiting processing center Visitor #2 was allowed to enter the institution. Visitor #2 arrived with the intention of visiting Inmate Henderson, D-58455, B5-132. Upon her arrival to the facility visiting room she utilized the rest room and then was told that she needed to report back to the visiting processing center. Sergeant Knuckles was notified of the above information and instructed her staff to conduct a search of the rest room. During this search a balloon was discovered in the disability stall that contained suspected narcotics.

At approximately 1300 hours, ISU interviewed Visitor #2 regarding the balloon that was found in the rest room of the Facility "B" Visiting. Visitor #2 stated that when the officers called her back to the visiting processing area she got scared and attempted to hide the balloon in the paper toilet seat covers on the wall.

At approximately 1700 hours, Lieutenant R. Martinez and I transported Visitor #1 to an outside hospital where four balloons were recovered from Visitor #1. The balloons were placed into evidence bags and kept in my possession. I then returned to SVSP and placed the following items into evidence:

Four balloons of suspected Marijuana. These balloons were opened and photographed with a Digital camera and then secured into ISU Evidence Locker #51. The digital photographs were secured in the ISU Film Evidence Locker (Oct. 2005). The photographs consisted of the following: Over all views of balloons in the original packaging. Mid range view of balloons with a ruler. Close up view of balloons cut open showing green leafy substance. Over all view of suspected Marijuana removed from the packaging (balloons). Upon completion of the photographs, I conducted a Department of Justice Presumptive Drug Test on the suspected Marijuana. The presumptive test indicated a positive color change for Marijuana.

Upon completion of the presumptive test, I placed the suspected Marijuana and the wrapping (I.E. Balloons, tape and plastic) in individual zip lock baggies and placed them in Evidence bags securing them into ISU Evidence Locker 51.

Inmate Burrell is / is not a participant in the MIBS.

SIGNATURE OF WRITER S. Henley, Correctional Officer		DATE SIGNED 10/20/05	
GIVEN BY: (Staff's Signature) [Signature]		DATE SIGNED 10/20/05	TIME SIGNED 1:00

☒ COPY OF CDC 115-C GIVEN TO INMATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 3 OF 4

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S05-10-0013	INSTITUTION S.V.S.P.	TODAY'S DATE 06/04/06
<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

Witness Testimony at Hearing: The S/O contacted Officer S. Henley, via telephone, and asked the following question:

Q: How reliable are the witnesses used on the CDC 1030's?

A: Obviously reliable enough because we got 77.77 grams off of Inmate Burrell's wife, Mrs. Reed.

There were no other questions.

Confidential Information: The confidential information disclosed that Inmate BURRELL had in fact been conspiring with Visitor #1 to introduce a controlled substance into the institution.

Findings: Inmate BURRELL is found GUILTY of "Conspiracy To Introduce A Controlled Substance." This finding is based upon the following preponderance of evidence:

A: RVR Log #S05-10-0013 authored by Correctional Officer S. Henley, which states in part, "On October 16, 2005, the Salinas Valley State Prison (SVSP), Investigative Services Unit (ISU) was conducting an investigation regarding the introduction of a Controlled Substance into SVSP, this investigation was concluded on October 20, 2005. On October 16, 2005, at approximately 1030 hours, Sergeant C. Knuckles, Visiting Sergeant contacted me and informed me that an approved visitor of Inmate Burrell T-48872, B5-216, had arrived at the Central Visiting Processing Center and had signed a CDC 1000, Visitors Pass. (Burrell's visitor will be referred to as Visitor #1 within this report) ISU then responded to the Central Visiting Processing Center, where I made the initial contact with Visitor #1. Due to numerous visitors in the visitors processing room, I asked Visitor #1 to step out of the visiting area, where I could talk with her privately. Upon exiting the visiting processing area I informed Visitor #1 that I was conducting an investigation and that I needed to speak with her. Visitor #1 was then escorted to the SVSP Administration Building, In Service Training (IST) class room. Visitor #1 was then advised that she was suspected of bringing a controlled substance into SVSP. Visitor #1 was informed that this unit had obtained a search warrant and that the search warrant included her person, her personal belongings and any vehicle she arrived in. Visitor #1 then asked to relinquish her vehicle key, at which time she did. Visitor #1 also indicated that she had provided a second visitor with a ride and identified her as Visitor #2 an approved visitor of Inmate Henderson, B-58455, B5-132. Sergeant Knuckles was informed and she requested that visiting staff have Visitor #2 report back to the visiting processing center. Officer's A. Diaz and M. Valdez conducted the vehicle search. During the interview I informed Visitor #1 that I would like to utilize a Narcotic Canine during the search of her vehicle at which time she stated that's "OK." During the canine search of Visitor #1's vehicle, the narcotic canine alerted to the following areas: Front passenger seat. Front Console (Ashtray area) and the second row seat, near the sliding door. During the hand search of the vehicle Officer M. Valdez and Officer A. Diaz, found items in the vehicle consistent with the packaging of narcotics (I.E. Baggies, tape and balloons and Vaseline) leading us to believe that she was indeed in possession of a controlled substance with the intention to introduce it into the prison.

I was informed by Sergeant A. Carriaga that during the search of the rest room in the Facility "B" visiting a balloon was found that contained suspected controlled substance.

(Continued On Part C)

W. Snowalter, Correctional Lieutenant

SIGNATURE OF WRITER <i>W. Snowalter</i>		DATE SIGNED 6-14-06	
<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED 6/10/06	TIME SIGNED 18:55

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 2 OF 4

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S05-10-0013	INSTITUTION S.V.S.P.	TODAY'S DATE 06/04/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

Hearing: 06/04/06.

Time: 1825 hours.

Any Postponement Explained: None.

Inmate's Health: Inmate BURRELL stated his health was good. **MSDS:** Inmate BURRELL is a participant in the Mental Health Services Delivery System at the 600C level of care. The circumstances of the RVR do not indicate that Inmate BURRELL exhibited any bizarre behavior that raised concerns about his mental health. At the hearing, Inmate BURRELL did not demonstrate any strange, bizarre, or irrational behavior. Based on this and pursuant to charges approved by the U.S. District Court on COLEMAN, a mental health assessment was not initiated.

Date of Discovery: 10/20/05.

Initial RVR copy issued on: 10/20/05.

Hearing started on: 06/04/06.

Last document issued to inmate on: 05/26/06.

D.A. postponed date: 10/20/05.

D.A. results issued date: 05/11/06.

Time Constraints: Met.

Staff Assistant: Correctional Officer H. Kidd was assigned as Staff Assistant and was present at the hearing and confirmed she interviewed Inmate BURRELL 24 hours prior to the hearing. Officer Kidd also confirmed she explained the hearing procedures, disciplinary charge and supporting evidence to Inmate BURRELL. Officer Kidd was newly assigned on 06/03/06, at 1820 hours. She introduced herself to Inmate BURRELL and asked if he had any questions. Inmate BURRELL stated to Officer Kidd, "No."

Subsequently, at the hearing Inmate BURRELL stated, "I don't understand." When I asked him if he had understood the RVR yesterday, he admitted to having had no questions of Officer Kidd when she spoke with him and reviewed the RVR 115 with him.

Investigative Employee: On 05/17/06, Correctional Officer R. Wysinger was assigned as the Investigative Employee.

D.A. Referral: This matter was referred to the District Attorney for possible felony prosecution, but was rejected by the D.A. on 05/11/06, thus starting the 30 day clock on time constraints. Inmate BURRELL did request the hearing be postponed pending the outcome of the D.A. referral, as documented by his signature on the CX-115A, dated 10/20/05.

Evidence Requested: None. **External/Outside Evidence:** None. **Video Tape Evidence:** N/A.

Inmate Plea and Statement: The charges were read aloud and Inmate BURRELL stated he was prepared to proceed with the hearing. Inmate BURRELL entered a plea of NOT GUILTY and stated, "Only statement I have has elapsed, is that time has elapsed. I'm confused as to why this is proceeding."

Witnesses Requested: Inmate BURRELL requested the Reporting Employee, Officer S. Henley, as a witness to be present at the hearing. This request was GRANTED.

(Continued On Part C)

W. Showalter, Correctional Lieutenant

SIGNATURE OF WRITER <i>W. Showalter</i>		DATE SIGNED 6/4/06	
<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED 6/4/06	TIME SIGNED 1810

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 4 OF 4

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S05-10-0013	INSTITUTION S.V.S.P.	TODAY'S DATE 06/04/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

(Findings Continued)

During the investigation it was discovered that Visitor #2 had arrived at SVSP with Visitor #1 and prior to our arrival to the visiting processing center Visitor #2 was allowed to enter the institution. Visitor #2 arrived with the intention of visiting Inmate Henderson, D-58455, B5-132. Upon her arrival to the facility visiting room she utilized the rest room and then was told that she needed to report back to the visiting processing center. Sergeant Knuckles was notified of the above information and instructed her staff to conduct a search of the rest room. During this search a balloon was discovered in the disability stall that contained suspected narcotics.

At approximately 1300 hours, ISU interviewed Visitor #2 regarding the balloon that was found in the rest room of the Facility "B" Visiting. Visitor #2 stated that when the officers called her back to the visiting processing area she got scared and attempted to hide the balloon in the paper toilet seat covers on the wall.

At approximately 1700 hours, Lieutenant R. Martinez and I transported Visitor #1 to an outside hospital where four balloons were recovered from Visitor #1. The balloons were placed into evidence bags and kept in my possession. I then returned to SVSP and placed the following items into evidence:

Four balloons of suspected Marijuana. These balloons were opened and photographed with a Digital camera and then secured into ISU Evidence Locker #51. The digital photographs were secured in the ISU Film Evidence Locker (Oct. 2005). The photographs consisted of the following: Over all views of balloons in the original packaging. Mid range view of balloons with a ruler. Close up view of balloons cut open showing green leafy substance. Over all view of suspected Marijuana removed from the packaging (balloons). Upon completion of the photographs, I conducted a Department of Justice Presumptive Drug Test on the suspected Marijuana. The presumptive test indicated a positive color change for Marijuana.

Upon completion of the presumptive test, I placed the suspected Marijuana and the wrapping (I.E. Balloons, tape and plastic) in individual zip lock baggies and placed them in Evidence bags securing them into ISU Evidence Locker 51."

B: The Confidential Memorandum attested to by the CDC 1030 Form shows that Inmate BURRELL did conspire with his wife to introduce controlled substances into the institution.

Conclusion: Inmate BURRELL is found guilty of Conspiring to Introduce A Controlled Substance, a Division "A-2" Offense. Since Inmate BURRELL never came into contact with the drugs that were found to be associated with his visitor, Inmate BURRELL is guilty of conspiring and not carrying through to the completed act to introduce those drugs.

Inmate BURRELL's visiting privileges are suspended based on CCR §3176.4(d) and (5) in that this is a Serious Violation is associated with visiting.

Additional Disposition: Inmate BURRELL assessed 90 days loss of visiting beginning on 06/04/06 and concluding on 09/02/06.

Enemy Concerns: None.

Appeal Rights: Inmate BURRELL was advised of his appeal rights per CCR §3084.1(a). Inmate BURRELL was also informed of the CCR Restoration Amendment per A/B 96/4, in that effective April 1, 1996, any RVR resulting in credit loss greater than 90 days (Division A1, A2, B, or C offenses) will not be restored. Inmate BURRELL was advised he will receive a completed copy of the RVR upon final audit by the Chief Disciplinary Officer.

W. Showalter, Correctional Lieutenant

SIGNATURE OF WRITER <i>W. Showalter</i>		DATE SIGNED 6-4-06	
GIVEN BY: (Staff's Signature) <i>CID [Signature]</i>		DATE SIGNED 07/05/06	TIME SIGNED 1:30



COPY OF CDC 115-C GIVEN TO INMATE

SERIOUS RULES VIOLATION REPORT

CDC NUMBER I-46572	INMATE'S NAME BURRELL	VIOLATED RULE NO(S) COR 33015(a)	DATE 10-15-05	INSTITUTION S.V.S.P.	LOG NO. 805-10-0013
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 REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input checked="" type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE ▶	DATE

STAFF ASSISTANT

STAFF ASSISTANT <input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶	DATE
<input checked="" type="checkbox"/> ASSIGNED	DATE 5/26/06	NAME OF STAFF [Signature]
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON [Signature]	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE <input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE/INFORMATION REQUESTED BY INMATE:

- NONE -

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)					
<input checked="" type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> NONE	
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)			WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		
	GRANTED	NOT GRANTED		GRANTED	NOT GRANTED
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

On 05/17/06, I was assigned as Investigative Employee for CDC-115 by 805-10-0013. I informed Inmate BURRELL of my assignment and that as Investigative Employee my duties were as a fact finder for the Senior Hearing Officer. Inmate BURRELL stated that he had no objection to my serving in this capacity.

DEFENDANT'S STATEMENT: Inmate BURRELL (I-46572) made the following statement: "I just want the 115 heard so I can transfer."

REPORTING EMPLOYEE'S STATEMENT: Correctional Officer S. Denby made the following statement: "On October 15, 2005, the Investigative Services Unit served a search warrant on Charles Reed, a proven violator of Inmate BURRELL. During the services of this search warrant, 77.77 grams of marijuana were discovered from Mrs. Reed. Mrs. Reed arrived at SVS with the intention of visiting Inmate BURRELL."

INVESTIGATIVE EMPLOYEE'S STATEMENT: Correctional Officer S. Denby made the following statement: "On 05/17/06, I was assigned as the I.E. for Inmate BURRELL (I-46572). Inmate BURRELL did not object to myself being the I.E. Mrs. Reed stated if he had anything to say or any questions, BURRELL stated, 'I have nothing to say, I just want this heard so I can transfer.'"

P. Mysinger, Correctional Officer

<input type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) ▶	TIME	INVESTIGATOR'S SIGNATURE ▶	DATE
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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER T-48872	INMATE'S NAME BURRELL	RELEASE/BOARD DATE	INST. S.V.S.P.	HOUSING NO. B5-216	LOG NO. S05-10-001
VIOLATED RULE NO(S). CCR §3016(a)		SPECIFIC ACTS CONSPIRACY TO INTRODUCE A CONTROLLED SUBST.	LOCATION CENTRAL VIS. PROCESS.	DATE 10-16-05	TIME 1030 HRS.

CIRCUMSTANCES On October 16, 2005, the Salinas Valley State Prison (SVSP), Investigative Services Unit (ISU) was conducting an investigation regarding the introduction of a Controlled Substance into SVSP, this investigation was concluded on October 20, 2005. On October 16, 2005, at approximately 1030 hours, Sergeant C. Knuckles, Visiting Sergeant contacted me and informed me that an approved visitor of Inmate Burrell T-48872, B5-216, had arrived at the Central Visitation Processing Center and had signed a CDC 1000, Visitors Pass. (Burrell's visitor will be referred to as Visitor #1 within this report) ISU then responded to the Central Visiting Processing Center, where I made the initial contact with Visitor #1. Due to numerous visitors in the visitors processing room, I asked Visitor #1 to step out of the visiting area, where I could talk with her privately. Upon exiting the visiting processing area I informed Visitor #1 that I was conducting an investigation and that I needed to speak with her. Visitor #1 was then escorted to the SVSP Administration Building, In Service Training (IST) class room. Visitor #1 was then advised that she was suspected of bringing a controlled substance into SVSP. Visitor #1 was informed that this unit had obtained a search warrant and that the search warrant included her person, her personal belongings and any vehicle she arrived in. Visitor #1 then asked to relinquish her vehicle key, at which time she did. Visitor #1 also indicated that she

CONTINUED ON PART C

REPORTING EMPLOYEE (Typed Name and Signature) S. Henley, Correctional Officer		DATE 10-20-05	ASSIGNMENT S&I #2	RDO'S S/S/H
REVIEWING SUPERVISOR'S SIGNATURE J. S. [Signature]		DATE 10-20-05	<input checked="" type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: A5	DATE 10/20/05	CLASSIFIED BY (Typed Name and Signature) [Signature]	HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC

COPIES GIVEN INMATE BEFORE HEARING

<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE) [Signature]	DATE	TIME	TITLE OF SUPPLEMENT [Signature]
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER:	BY: (STAFF'S SIGNATURE) [Signature]	DATE	TIME	BY: (STAFF'S SIGNATURE) [Signature]

HEARING

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)	SIGNATURE [Signature]	DATE	TIME
REVIEWED BY: (SIGNATURE) [Signature]	DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE [Signature]	DATE
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING	BY: (STAFF'S SIGNATURE) [Signature]	DATE	TIME

CDC 115 (7/88)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 2 OF 2

CDC NUMBER T-45872	INMATE'S NAME BURRELL	LOG NUMBER SB-10-0013	INSTITUTION S. V. S. P.	TODAY'S DATE 10-16-05
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

had provided a second visitor with a ride and identified her as Visitor #2 an approved visitor of Inmate Henderson, D-58455, B5-132. Sergeant Knuckles was informed and she requested that visiting staff have Visitor #2 report back to the visiting processing center. Officer's A. Diaz and M. Valdez conducted the vehicle search. During the interview I informed Visitor #1 that I would like to utilize a Narcotic Canine during the search of her vehicle at which time she stated that's "OK." During the canine search of Visitor #1's vehicle, the narcotic canine alerted to the following areas: Front passenger seat. Front Console (Ashtray area) and the second row seat, near the sliding door. During the hand search of the vehicle Officer M. Valdez and Officer A. Diaz, found items in the vehicle consistent with the packaging of narcotics (I.E. Baggies, tape and balloons and Vaseline) leading us to believe that she was indeed in possession of a controlled substance with the intention to introduce it into the prison.

I was informed by Sergeant A. Carriaga that during the search of the rest room in the Facility "B" visiting a balloon was found that contained suspected controlled substance.

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Upon completion of the presumptive test, I placed the suspected Marijuana and the wrapping (I.E. Balloons, tape and plastic) in individual zip lock baggies and placed them in Evidence bags securing them into ISU Evidence Locker 51.

Inmate Burrell is / is not a participant in the MISDG.

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER S. Henley, Correctional Officer	DATE SIGNED 10-21-05
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED <i>[Signature]</i>

SERIOUS RULES VIOLATION REPORT

CDC NUMBER T-48872	INMATE'S NAME BURRELL	VIOLATED RULE NO(S) CCR §3016(a)	DATE 10-16-05	INSTITUTION S.V.S.P.	LOG NO. S05-10-0013
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input checked="" type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE

DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION
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<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE ▶	DATE
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STAFF ASSISTANT

STAFF ASSISTANT <input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE <input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE/INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)					
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> NONE	
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

INVESTIGATOR'S SIGNATURE ▶		DATE	
<input type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) ▶	TIME	DATE

STATE OF CALIFORNIA
CDC 1030 (12/86)

DEPARTMENT OF CORRECTIONS

CONFIDENTIAL INFORMATION DISCLOSURE FORM

INMATE NUMBER: T-48872 INMATE NAME: Burrell

1) Use of Confidential Information.

Information received from a confidential source(s) has been considered in the:

a) CDC-115, Disciplinary Report dated 10.20.05 submitted by
S. Hontley C/O
STAFF NAME, TITLEb) CDC-114-D, Order and Hearing for Placement in Segregated Housing dated 10.16.05

2) Reliability of Source.

The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

This information is considered reliable because:

- a) ☒ This source has previously provided confidential information which has proven to be true.
- b) ☐ This source participated in and successfully completed a Polygraph examination.
- c) ☒ More than one source independently provided the same information.
- d) ☒ This source incriminated himself/herself in a criminal activity at the time of providing the information.
- e) ☒ Part of the information provided by the source(s) has already proven to be true.
- f) ☐ Other (EXPLAIN) _____

3) Disclosure of information received.

The information received indicated the following: I/m Burrell has been
conspiring w/ his spouse to introduce
a controlled substance into SVSP.

(If additional space needed, attach another sheet.)

4) Type and current location of documentation, (for example: CDC-128-B of 5-15-86 in the confidential material folder).

Confidential Memoandum dated
10.18.05

STAFF SIGNATURE, TITLE
Stoner C/ODATE DISCLOSED
10.20.05

DISTRIBUTION: WHITE — Central File; GREEN — Inmate; YELLOW — Institution Use

STATE OF CALIFORNIA
CDC 1030 (12/86)

DEPARTMENT OF CORRECTIONS

CONFIDENTIAL INFORMATION DISCLOSURE FORM

INMATE NUMBER: D-58455 INMATE NAME: Henderson

1) Use of Confidential Information.

Information received from a confidential source(s) has been considered in the:

a) ☒ CDC-115, Disciplinary Report dated 10.18.05 submitted by
S. Henley CD
STAFF NAME, TITLEb) CDC-114-D, Order and Hearing for Placement in Segregated Housing dated 10.16.05

2) Reliability of Source.

The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

This information is considered reliable because:

- a) ☒ This source has previously provided confidential information which has proven to be true.
- b) ☐ This source participated in and successfully completed a Polygraph examination.
- c) ☒ More than one source independently provided the same information.
- d) ☒ This source incriminated himself/herself in a criminal activity at the time of providing the information.
- e) ☒ Part of the information provided by the source(s) has already proven to be true.
- f) ☐ Other (EXPLAIN) _____

3) Disclosure of information received.

The information received indicated the following: 1/m Henderson, D-58455
1/m Burrells x-cell mate are bringing
large quantities of Narcotics into Sutter's
Valley State Prison, through their scheduled
visits.

(If additional space needed, attach another sheet.)

4) Type and current location of documentation, (for example: CDC-128-B of 5-15-86 in the confidential material folder).

Confidential Memorandum dated
Sept 30 2005

STAFF SIGNATURE, TITLE

DATE DISCLOSED

STATE OF CALIFORNIA
CDC 1030 (12/86)

DEPARTMENT OF CORRECTIONS

CONFIDENTIAL INFORMATION DISCLOSURE FORM

INMATE NUMBER: T-48872 INMATE NAME: Burrell

1) Use of Confidential Information.

Information received from a confidential source(s) has been considered in the:

a) CDC-115, Disciplinary Report dated 10.18.05 submitted by
S. Henley C/O
STAFF NAME, TITLEb) CDC-114-D, Order and Hearing for Placement in Segregated Housing dated 10.16.05

2) Reliability of Source.

The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

This information is considered reliable because:

- a) ☒ This source has previously provided confidential information which has proven to be true.
- b) ☐ This source participated in and successfully completed a Polygraph examination.
- c) ☒ More than one source independently provided the same information.
- d) ☒ This source incriminated himself/herself in a criminal activity at the time of providing the information.
- e) ☒ Part of the information provided by the source(s) has already proven to be true.
- f) ☐ Other (EXPLAIN) _____

3) Disclosure of information received.

The information received indicated the following:

I/m Burrell and his
wife (Carla Reed) had/hate conspired
to introduce a Controlled Substance into
Colima Valley State Prison, Through A
Visit.

(If additional space needed, attach another sheet.)

4) Type and current location of documentation, (for example: CDC-128-B of 5-15-86 in the confidential material folder).

Confidential Memorandum dated
Sept 30, 2005

STAFF SIGNATURE, TITLE

DATE DISCLOSED

DISTRIBUTION: WHITE — Central File; GREEN — Inmate; YELLOW — Institution Use

MONTEREY COUNTY

OFFICE OF THE DISTRICT ATTORNEY

DEAN D. FLIPPO

240 CHURCH STREET - P.O. BOX 1131 SALINAS, CALIFORNIA 93902
(831) - 755-5070 FAX (831) - 755-5068



May 3, 2006

M.S. Evans, Warden (A)
Salinas Valley State Prison
31625 Hwy. 101
P.O. Box 1020
Soledad, CA 93960-1020

RE: Burrell - T48872

Your incident report October 16, 2005 has been reviewed and evaluated. We decline prosecution as we feel this matter could best be handled administratively.

Very truly yours,

DEAN D. FLIPPO
District Attorney

Rick Storms,
Deputy District Attorney

I.R. SVP-05-10-0667

Orig. Central File

Cc: Assoc. Warden's File
Facility Captain
Inmate ISU File

RECEIVED

MAY 11 2006

ASSOCIATE WARDEN OPS

NAME and NUMBER BURRELL, T-48872



CDC - 128B (Rev. 4/74)

Case #SVP-CEN-05-10-0667, dated 10/16/2005, 115 Log # _____ was forwarded to the Investigative Services Unit (ISU) for referral to the District Attorney's Office. On 5/4/2006 this case was returned to ISU indicating the case has been:

☐ Accepted by the D.A.
☒ Rejected by the D.A. (Rejected 5/3/2006)
☐ Declined by I.S.U.

cc: C-File
Inmate
115 Desk
ISU case file
Facility CCI


ISU STAFF
Salinas Valley State Prison

Date: 5/4/2006

(DISTRICT ATTORNEY REFERRAL)

GENERAL CHRONO

RECEIVED
MAY 11 2006

ASSOCIATE WARDEN, OPS

SALINAS VALLEY STATE PRISON
SOLEDAD, CALIFORNIADEPARTMENT OF JUSTICE
PRESUMPTIVE DRUG SCREEN TEST REPORT

Date Discovered: 10/16/2005

Time Discovered: 1030

Confiscating Staff Member: A. DIAZ

Rank: CORRECTIONAL OFFICER

Inmate Name & Number: BURRELL, T-48872

Cell: B5-216

THE MATERIAL IN QUESTION WAS TESTED FOR THE FOLLOWING:

	POSITIVE	NEGATIVE
MARIJUANA/HASHISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AMPHETAMINE	<input type="checkbox"/>	<input type="checkbox"/>
HEROIN	<input type="checkbox"/>	<input type="checkbox"/>
COCAINE	<input type="checkbox"/>	<input type="checkbox"/>
BARBITURATE	<input type="checkbox"/>	<input type="checkbox"/>
OTHER: Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>

Color Indicated: Blue/Violet

Weight: 6.38 grams

Certified Testing Officer: A. DIAZ

Position: SECURITY SQUAD #8

Date Tested: 10/16/2005

Time Tested: 21:30

WAIVER OF INDEPENDENT LABORATORY TESTING

PURSUANT WITH CALIFORNIA CODE OF REGULATIONS, TITLE 15, RULE #3290(e) AND HAVING BEEN ADVISED OF MY RIGHTS PER THE MIRANDA DECISION, I AGREE WITH THE FINDINGS BY THE CERTIFIED PRESUMPTIVE DRUG SCREENING TEST. I HEREBY WAIVE ALL TESTING BY THE INDEPENDENT LABORATORY IN THIS DISCIPLINARY MATTER AND ADMIT GUILT:

INMATE SIGNATURE _____

CDC NUMBER _____

HOUSING _____

DATE: _____ TIME: _____

WITNESSED BY: _____

STATE OF CALIFORNIA
 ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE
 CDC 114-D (Rev 9/98)

DEPARTMENT OF CORRECTIONS

DISTRIBUTION:
 WHITE - CENTRAL FILE
 BLUE - INMATE (2ND COPY)
 GREEN - ASU
 CANARY - WARDEN
 PINK - HEALTH CARE MGR
 GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME

BURRELL

CDC NUMBER

T-48872

REASON(S) FOR PLACEMENT (PART A)

- ☐ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
☐ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

Inmate Burrell, T-48872, you were originally placed in Administrative Segregation (Ad-Seg), on 10-16-05 for Conspiracy to Introduce a Controlled Substance within the institution. On 10-20-05, the investigation was concluded. On 10-25-05, you are being retained in Ad-Seg pending completion of the disciplinary process. You are therefore deemed a threat to the safety and security of this institution, it's staff and inmates. As a result of this placement your Custody Level, Credit Earning, Privilege Group and Visiting Status are subject to change.

Inmate Burrell is a MHS participant at the CCMS level of care.

<input type="checkbox"/> CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL)	<input type="checkbox"/> IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /
DATE OF ASU PLACEMENT 10/15/05	SEGREGATION AUTHORITY'S PRINTED NAME S. BURRELL
SIGNATURE	
TITLE INMATE	
DATE NOTICE SERVED	TIME SERVED
PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE	SIGNATURE
STAFF'S TITLE	

<input type="checkbox"/> INMATE REFUSED TO SIGN	INMATE SIGNATURE	CDC NUMBER
---	------------------	------------

ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)**INVESTIGATIVE EMPLOYEE (IE)**

STAFF ASSISTANT'S NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
IS THIS INMATE: LITERATE? <input type="checkbox"/> YES <input type="checkbox"/> NO FLUENT IN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO ABLE TO COMPREHEND ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINING FIRST STAFF ASSISTANT ASSIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO Any "NO" requires SA assignment		EVIDENCE COLLECTION BY IE <u>UNNECESSARY</u> <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED ANY INVESTIGATIVE EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO ASU PLACEMENT IS FOR DISCIPLINARY REASONS <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO Any "NO" may require IE assignment	
<input type="checkbox"/> NOT ASSIGNED		<input type="checkbox"/> NOT ASSIGNED	

INMATE WAIVERS

<input type="checkbox"/> INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER	<input type="checkbox"/> INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME
<input type="checkbox"/> NO WITNESSES REQUESTED BY INMATE	INMATE SIGNATURE
DATE	

WITNESSES REQUESTED FOR HEARING

WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER
WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☐ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

ADMINISTRATIVE REVIEWER'S PRINTED NAME	TITLE	DATE OF REVIEW	TIME	ADMINISTRATIVE REVIEWER'S SIGNATURE
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)	CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)			DATE OF REVIEW

STATE OF CALIFORNIA
ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE
CDC 114-D (Rev 9/98)

DEPARTMENT OF CORRECTIONS

Salinas Valley State Prison

Facility 'B'

DISTRIBUTION:
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CANARY - WARDEN
PINK - HEALTH CARE MGR
GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME
BurrellCDC NUMBER
1-48872

REASON(S) FOR PLACEMENT (PART A)

- ☒ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
☒ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT: You, Inmate Burrell, 1-48872 are being placed in Administrative Segregation (Ad-Seg) for Conspiracy to Introduce a Controlled Substance within the institution. You will remain in Ad-Seg pending the completion of an investigation initiated by the Investigative Service Unit (ISU) and referred to ICC/CSR for appropriate housing needs. You are therefore deemed a threat to the safety and security of this institution, its staff and inmates. As a result of this placement, your credit earning, custody and visiting status are subject to change. Inmate Burrell is a participant of the Mental Health Services Delivery System at the CCMS level of care. Placement ordered by Lieutenant R. Martinez.

☐ CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL) ☐ IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: 1 / 1

DATE OF ASU PLACEMENT <u>10/16/08</u>	SEGREGATION AUTHORITY'S PRINTED NAME <u>R. Martinez</u>	SIGNATURE <u>[Signature]</u>	TITLE <u>Lieutenant</u>
DATE NOTICE SERVED <u>10/16/08</u>	TIME SERVED <u>19:00</u>	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE <u>B. Transue</u>	SIGNATURE <u>[Signature]</u>
		STAFF'S TITLE <u>40</u>	

☐ INMATE REFUSED TO SIGN ☒ INMATE SIGNATURE [Signature] CDC NUMBER 1-48872

ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)

INVESTIGATIVE EMPLOYEE (IE)

STAFF ASSISTANT'S NAME <u>Powell</u>	TITLE <u>CC 1</u>	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
---	----------------------	-------------------------------	-------

IS THIS INMATE:

LITERATE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EVIDENCE COLLECTION BY IE UNNECESSARY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FLUENT IN ENGLISH?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED ANY INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> YES <input type="checkbox"/> NO
ABLE TO COMPREHEND ISSUES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ASU PLACEMENT IS FOR DISCIPLINARY REASONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED	<input type="checkbox"/> YES
DECLINING FIRST STAFF ASSISTANT ASSIGNED?	<input type="checkbox"/> YES		

Any "NO" requires SA assignment

Any "NO" may require IE assignment

☐ NOT ASSIGNED☒ NOT ASSIGNED

INMATE WAIVERS

☐ INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER ☐ INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME

☒ NO WITNESSES REQUESTED BY INMATEINMATE SIGNATURE Refused to Sign

DATE

WITNESSES REQUESTED FOR HEARING

WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER
WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☒ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

Endangers inst. security.

ADMINISTRATIVE REVIEWER'S PRINTED NAME <u>R. Mojica</u>	TITLE <u>Cpt. (A)</u>	DATE OF REVIEW <u>10/17/08</u>	TIME <u>1800</u>	ADMINISTRATIVE REVIEWER'S SIGNATURE <u>[Signature]</u>
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)	CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)	DATE OF REVIEW		

STATE OF CALIFORNIA
ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE
CDC 114-B (Rev 9/98)

DEPARTMENT OF CORRECTIONS

Salinas Valley State Prison

Facility 'B'

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CANARY - WARDEN
PINK - HEALTH CARE MGR
GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME

Burrell

CDC NUMBER

1-48672

REASON(S) FOR PLACEMENT (PART A)

- ☒ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
☒ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT: You, Inmate Burrell, 1-48672 are being placed in Administrative Segregation (Ad-Seg) for Conspiracy to Introduce a Controlled Substance within the institution. You will remain in Ad-Seg pending the completion of an investigation initiated by the Investigative Service Unit (ISU) and referred to ICC/CSR for appropriate housing re. You are therefore deemed a threat to the safety and security of this institution, its staff and inmates. As a result of this placement, your credit earning, custody and visiting status are subject to change. Inmate Burrell is a participant of the Mental Health Services Delivery System at the CCMS level of care. Placement ordered by Lieutenant R. Martinez.

☐ CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL) ☐ IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /

DATE OF ASU PLACEMENT	SEGREGATION AUTHORITY'S PRINTED NAME	SIGNATURE	TITLE
1/1/08	R. Martinez		Lieutenant
DATE NOTICE SERVED	TIME SERVED	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE	SIGNATURE
1/1/08			
			STAFF'S TITLE
			96

☐ INMATE REFUSED TO SIGN ☐ INMATE SIGNATURE ☐ CDC NUMBER

ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)

INVESTIGATIVE EMPLOYEE (IE)

STAFF ASSISTANT'S NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE

IS THIS INMATE:

LITERATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EVIDENCE COLLECTION BY IE UNNECESSARY	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLUENT IN ENGLISH?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED ANY INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> YES <input type="checkbox"/> NO
ABLE TO COMPREHEND ISSUES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ASU PLACEMENT IS FOR DISCIPLINARY REASONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED	<input type="checkbox"/> YES
DECLINING FIRST STAFF ASSISTANT ASSIGNED?	<input type="checkbox"/> YES		

☐ NOT ASSIGNED

Any "NO" requires SA assignment

☐ NOT ASSIGNED

Any "NO" may require IE assignment

INMATE WAIVERS

☐ INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER ☐ INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME

☐ NO WITNESSES REQUESTED BY INMATE ☐ INMATE SIGNATURE ☐ DATE

WITNESSES REQUESTED FOR HEARING

WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER
WITNESS NAME	TITLE/CDC NUMBER	WITNESS NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☐ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

ADMINISTRATIVE REVIEWER'S PRINTED NAME	TITLE	DATE OF REVIEW	TIME	ADMINISTRATIVE REVIEWER'S SIGNATURE
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)	CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)	DATE OF REVIEW		

EXHIBIT B

20

Administrative Bulletin

AB 92/15

AB 92/15 Use of Confidential Information In Disciplinary Hearings.

"The purpose of this Administrative Bulletin is to clarify the use of confidential material in disciplinary hearings pursuant to the California Code of Regulations, Title 15, Division 3, Section 3321(b)(1) which reads:

No decision shall be based on information from confidential source unless other documentation corroborates information from the source, or unless the circumstances surrounding the event and the documented reliability of the source satisfies the decision makers that the information is true.

Decisions in disciplinary hearing based upon confidential information shall be supported in a confidential memorandum, incident report or finding portion of the CDC Form 115 with investigative information and appropriate documentation....These documents shall contain: (emphasis added).

* A statement in support of CCR Section 3321(C)(1) detailing the past information provided and why the confidential informant is considered reliable for the current incident.

* Whether the current information is first-hand or hearsay.

* Whether documentation or other circumstances surrounding the event would lead the decision maker to believe the information is true.

* In the case of multiple confidential sources, the degree of reliability of each source shall include how each statement compares with the other statements and the circumstances or evidence on which the conclusion of reliability was based. The description of the circumstances shall state how it was possible that the events occurred as described by the confidential sources, and include any facts or evidence (who, what, when and how) which confirms the truthfulness of "Some aspects of the source's information. Superintendent v. Hill (1985) 472 U.S. 445)." emphasis added)

EXHIBIT C

MEMORANDUM

Date: September 21, 2006

To: R. Parin
Watch Commander


Subject: **REISSUE/REHEAR RULES VIOLATION REPORT (RVR) LOG # S05-10-0013**
CONSPIRACY TO INTRODUCE A CONTROLLED SUBSTANCE

Per CCR 3312(b)(1) the Chief Disciplinary Officer (CDO) may order a different disciplinary action, order a different method of discipline, dismiss a charge, order a rehearing of the charge, or combine any of these disciplinary actions. As the Chief Disciplinary Officer I am ordering the following:

[REDACTED]

Please ensure a different hearing Lieutenant is assigned to ensure that due process requirements are adhered to during the rehearing process.

If you have any questions you may contact me at extension 5535.


D. TRAVERS
Correctional Administrator - Central Services
Salinas Valley State Prison

Original to be filed w/115

cc: C-file
Inmate
Register of Institution Violations

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Burrell CDC #: T-48872 CDC HOUSING: D7-231

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input checked="" type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input checked="" type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

RURs must be repeated separately from other issues.Final copy issued to 1/m = 7/3/06date of appeal = 12/13/06
Eloy Medina, CC-II
Appeals CoordinatorDate: 1/23/07

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

RVR

multiple RVRs

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
MR. ANGE E BURRELL	T-48872	D-7; Building Porter	D-7-231

A. Describe Problem: ON OCTOBER 16, 2005 I MR. BURRELL WAS put into AD-seg (Hole)
DUE TO INFORMATION PROVIDED BY ALLEDGE CONFIDENTIAL INFORMATION BY SEVERAL
RAPIST; MURDER'S, SEE EXHIBIT (B) DUE TO PROMISE'S, MADE BY C/O HENELEY -
SUSP, ET AL. I MR. BURRELL WAS PLACED in Ad-seg FROM OCTOBER 16, 2005 THRU -
MARCH 2, 2006, GIVEN RULES VIOLATION CDC 115 DISCIPLINARY, PUNISHED / SUFFERED LOST -
OF 1st, 5th; 6th; 14th; Amendment Rights TO THE UNITED STATES CONSTITUTION -
SEE EXHIBIT (A) ATTACHED! ON ABOUT JULY 5, 2006, I MR. BURRELL FILED INMATE GRIEVANCE
DUE TO THIS OUTRAGEOUS CONDUCT BY C/O HENELEY (SUSP) ET AL. DUE PROCESS VIOLATIONS

If you need more space, attach one additional sheet.

SEE EXHIBIT (A) ATTACHED → SEE ATTACHED PAGE (2) (CONTINUED)

B. Action Requested: (1) ALL RE-ISSUED, RE-HEARD CDC 115 RULE VIOLATIONS, DEC, 5, 2006
RE-PUNISHED; CANCELED / PRIVILEGE'S RETURNED IMMEDIATELY /
(2) ALL DOCUMENTS CONCERNING OCT. 16, 2005; CDC 115 RULES VIOLATION -
(A) 505-10-0013; (B) 506-09-0027(B); REMOVED FROM my MR. BURRELL CDC CENTRAL FILE

 Inmate/Parolee Signature: MR. Angee Burrell **REC'D DEC 8 0 2006** Date Submitted: DECEMBER 13, 2006

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

DELIVERED FEB 07 2007
REC'D JAN 22 2007

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

 (1)
 1758 P.C.


Cont, p. 2) DESCRIBE PROBLEM:

1 I MR. BURRELL ALLEDGE THAT SOON THEREAFTER FILING GRIEVANCE / I MR.
2 BURRELL WAS RATTLATED, AGAINST BY C/O HENLEY, APPEALS COOR. ELOY MEDINA D
3 TRAVERS, (SVSP) ET. AL. WENT INTO FURTHER, CONSPIRACY TO VIOLATE (MY)
4 MR. BURRELL, UNITED STATES CONSTITUTIONAL RIGHTS, 1st, 5th, 6th, 14th
5 AMENDMENTS / FURTHER, CONSPIRACY TO OBSTRUCT JUSTICE / BY DELAYING
6 DENYING, INFORMATION, DELAYING TO RETURN, ADDRESS (602) INMATE
7 GRIEVANCE FILED BY MR. BURRELL, SEE EXHIBIT (A) * RETALIATION
8 REPRISAL, EXHIBIT (B) AND (D) * RE-ISSUED * ANOTHER CDC 115.
9 DISCIPLINARY RULES VIOLATION; AFTER BECOMING AWARE THAT THE
10 CONFIDENTIAL INFORMATION / FROM THEIR RAPIST, MURDERERS, ET. AL.,
11 WAS NOT ASSESS RELIABILITY; ALSO, SEE EXHIBIT (B) ATTACHED / ALSO (C)
12 VIOLATED MR. BURRELL RIGHTS UNDER CCR TITLE 15; 3321(2) AND (3)
13 FURTHER, MORE AFTER C/O HENLEY; ELOY MEDINA (SVSP) * OBSTRUCTED JUSTICE /
14 DELAYED INMATE BURRELL 1st AMENDMENT RIGHTS ACCESS TO THE COURT'S
15 JUSTICE / THEY WENT FURTHER INTO CONSPIRACY TO VIOLATE, PUNISH (ME),
16 MR. BURRELL (RIGHTS) BY RE-ISSUING, RE-HEARING; RE-PUNISHING,
17 (ME) MR. BURRELL BY (TRYING) / TO COVER-UP THEIR DUE PROCESS
18 EQUAL PROTECTION OF THE LAWS; THEY VIOLATED !! BY FILING ANOTHER
19 CDC 115, RULE'S VIOLATION DISCIPLINARY REPORT / PUNISHING ME "WORSE" !!
20 IN "RETALIATION", REPRISAL / SEE EXHIBIT (D) ATTACHED : —
21 DUE TO THIS OUTRAGEOUS CONDUCT, VIOLATION OF (MY) MR. BURRELL
22 1st, 5th, 6th, 14th AMENDMENT RIGHTS OF THE UNITED STATES —
23 CONSTITUTION BY C/O HENLEY; APPEALS COOR, ELOY MEDINA (SVSP) ET. AL.
24 I MR. BURRELL HAS SUFFERED LIFE; LIBERTY; PROPERTY; FAMILY; JUSTICE
25 FREEDOM; DUE TO BEING "PLACED" IN AD-seg, (HOLE) "DENIED" LEGAL-
26 DOCUMENTS TO ADDRESS THE COURT'S, WITNESSES TO PREPARE
27 PRESENT CASE IN ALLEDGE CRIMINAL CONVICTION; DENIED ACCESS-
28 TO CONTACT LAWYER'S / ET. AL...
Respectfully Submitted
By Angie Burrell

Respectfully Submitted
By Angie Burrell

Enclaves A, B, C, D, Attached:

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER T-48872	INMATE'S NAME BURRELL	RELEASE/BOARD DATE MEPD 9/20/2022	INST. SVSP	HOUSING NO. D7-231L	LOG NO. S06-09-002
VIOLATED RULE NO(S). CCR §3016(a)		SPECIFIC ACTS CONSPIRACY TO INTRODUCE A CONTROLLED SUBSTANCE	LOCATION Central Vis. Process	DATE 09/21/06	TIME 1030 HRS.

This RVR Log #905-10-0013 is being ordered Re-Issued / Re-Heard per memorandum authored by D. Travers, Chief Disciplinary Officer, dated 09/21/06.

On October 16, 2005, the Salinas Valley State Prison (SVSP), Investigative Services Unit (ISU) was conducting an investigation regarding the introduction of a Controlled Substance into SVSP, this investigation was concluded on October 20, 2005. On October 16, 2005, at approximately 1030 hours, Sergeant C. Knuckles, Visiting Sergeant contacted me and informed me that an approved visitor of Inmate Burrell T-48872, B5-216, had arrived at the Central Visitation Processing Center and had signed a CDC 1000, Visitors Pass. (Burrell's visitor will be referred to as Visitor #1 within this report) ISU then responded to the Central Visiting Processing Center, where I made the initial contact with Visitor #1. Due to numerous visitors in the visitors processing room, I asked Visitor #1 to step out of the visiting area, where I could talk with her privately. Upon exiting the visiting processing area I informed Visitor #1 that I was conducting an investigation and that I needed to speak with her. Visitor #1 was then escorted to the SVSP

Continued On Part C

Inmate BURRELL is a participant in the Mental Health Services Delivery System at the CCCMS level of care.

REPORTING EMPLOYEE (Typed Name and Signature) S. Henley, Correctional Officer	DATE	ASSIGNMENT	RDO'S S/S/H
REVIEWING SUPERVISOR'S SIGNATURE	DATE	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: 42	DATE	CLASSIFIED BY (Typed Name and Signature)
HEARING REFERRED TO <input type="checkbox"/> HO <input type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC		DATE	

COPIES GIVEN INMATE BEFORE HEARING

<input checked="" type="checkbox"/> CDC 116	BY: (STAFF'S SIGNATURE)	DATE	TIME	TITLE OF SUPPLEMENT
S06-09-00278				
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER:	BY: (STAFF'S SIGNATURE)	DATE	TIME	BY: (STAFF'S SIGNATURE)
NP-CEN-05-10-0567				

HEARING

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)	SIGNATURE	DATE	TIME
REVIEWED BY: (SIGNATURE)	DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE	DATE
BY: (STAFF'S SIGNATURE)		DATE	TIME
<input type="checkbox"/> COPY OF CDC 116 GIVEN INMATE AFTER HEARING			

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 2 OF 2

CDC NUMBER	INMATE'S NAME	LOG NUMBER	INSTITUTION	TODAY'S DATE
T-48872	BURRELL	S06-09-0027R	SVSP	09/21/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

Administration Building, In Service Training (IST) class room. Visitor #1 was then advised that she was suspected of bringing a controlled substance into SVSP. Visitor #1 was informed that this unit had obtained a search warrant and that the search warrant included her person, her personal belongings and any vehicle she arrived in. Visitor #1 then asked to relinquish her vehicle key, at which time she did. Visitor #1 also indicated that she had provided a second visitor with a ride and identified her as Visitor #2 an approved visitor of Inmate Henderson, D-58455, B5-132. Sergeant Knuckles was informed and she requested that visiting staff have Visitor #2 report back to the visiting processing center. Officer's A. Diaz and M. Valdez conducted the vehicle search. During the interview I informed Visitor #1 that I would like to utilize a Narcotic Canine during the search of her vehicle at which time she stated that "OK." During the canine search of Visitor #1's vehicle, the narcotic canine alerted to the following areas: Front passenger seat. Front Console (Ashtray area) and the second row seat, near the sliding door. During the hand search of the vehicle Officer M. Valdez and Officer A. Diaz, found items in the vehicle consistent with the packaging of narcotics (I.E. Baggies, tape and balloons and Vaseline) leading us to believe that she was indeed in possession of a controlled substance with the intention to introduce it into the prison.

I was informed by Sergeant A. Carriaga that during the search of the rest room in the Facility "B" visiting a balloon was found that contained suspected controlled substance.

During the investigation it was discovered that Visitor #2 had arrived at SVSP with Visitor #1 and prior to our arrival to the visiting processing center Visitor #2 was allowed to enter the institution. Visitor #2 arrived with the intention of visiting Inmate Henderson, D-58455, B5-132. Upon her arrival to the facility visiting room she utilized the rest room and then was told that she needed to report back to the visiting processing center. Sergeant Knuckles was notified of the above information and instructed her staff to conduct a search of the rest room. During this search a balloon was discovered in the disability stall that contained suspected narcotics.

At approximately 1300 hours, ISU interviewed Visitor #2 regarding the balloon that was found in the rest room of the Facility "B" Visiting. Visitor #2 stated that when the officers called her back to the visiting processing area she got scared and attempted to hide the balloon in the paper toilet seat covers on the wall.

At approximately 1700 hours, Lieutenant R. Martinez and I transported Visitor #1 to an outside hospital where four balloons were recovered from Visitor #1. The balloons were placed into evidence bags and kept in my possession. I then returned to SVSP and placed the following items into evidence:

Four balloons of suspected Marijuana. These balloons were opened and photographed with a Digital camera and then secured into ISU Evidence Locker #51. The digital photographs were secured in the ISU Film Evidence Locker (Oct. 2005). The photographs consisted of the following: Over all views of balloons in the original packaging. Mid range view of balloons with a ruler. Close up view of balloons cut open showing green leafy substance. Over all view of suspected Marijuana removed from the packaging (balloons). Upon completion of the photographs, I conducted a Department of Justice Presumptive Drug Test on the suspected Marijuana. The presumptive test indicated a positive color change for Marijuana.

Upon completion of the presumptive test, I placed the suspected Marijuana and the wrapping (I.E. Balloons, tape and plastic) in individual zip lock baggies and placed them in Evidence bags securing them into ISU Evidence Locker 51.

S. Henley, Correctional Officer

SIGNATURE OF WRITER:		DATE SIGNED	
GIVEN BY: (Staff's Signature)		DATE SIGNED	TIME SIGNED
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE		9/29/06	1150

SERIOUS RULES VIOLATION REPORT

CDC NUMBER T-48872	INMATE'S NAME BURRELL	VIOLATED RULE NO(S) CCR §3016(a)	DATE 09/21/06	INSTITUTION SVSP	LOG NO. S06-09-0027R
-----------------------	--------------------------	-------------------------------------	------------------	---------------------	-------------------------

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE

DATE NOTICE OF OUTCOME RECEIVED 5/11/06	DISPOSITION DA
--	-------------------

<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE ▶	DATE
--	-------------------------	------

STAFF ASSISTANT

STAFF ASSISTANT <input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶	DATE
<input checked="" type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input type="checkbox"/> NOT ASSIGNED	REASON	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE <input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE ▶ <i>[Signature]</i>	DATE 9/13/06
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)					
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER	<input type="checkbox"/> NONE	
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) ▶ <i>[Signature]</i>	INVESTIGATOR'S SIGNATURE ▶	DATE 9/21/06
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STATE OF CALIFORNIA

0727 DEPARTMENT OF CORRECTIONS
PAGE 2 OF 2

RULES VIOLATION REPORT - PART C

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S06-09-0027R	INSTITUTION SVSP	TODAY'S DATE 09/21/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

Administration Building, In Service Training (IST) class room. Visitor #1 was then advised that she was suspected of bringing a controlled substance into SVSP. Visitor #1 was informed that this unit had obtained a search warrant and that the search warrant included her person, her personal belongings and any vehicle she arrived in. Visitor #1 then asked to relinquish her vehicle key, at which time she did. Visitor #1 also indicated that she had provided a second visitor with a ride and identified her as Visitor #2 an approved visitor of Inmate Henderson, D-58455, B5-132. Sergeant Knuckles was informed and she requested that visiting staff have Visitor #2 report back to the visiting processing center. Officer's A. Diaz and M. Valdez conducted the vehicle search. During the interview I informed Visitor #1 that I would like to utilize a Narcotic Canine during the search of her vehicle at which time she stated that's "OK." During the canine search of Visitor #1's vehicle, the narcotic canine alerted to the following area's: Front passenger seat. Front Console (Ashtray area) and the second row seat, near the sliding door. During the hand search of the vehicle Officer M. Valdez and Officer A. Diaz, found items in the vehicle consistent with the packaging of narcotics (I.E. Baggies, tape and balloons and Vaseline) leading us to believe that she was indeed in possession of a controlled substance with the intention to introduce it into the prison.

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Upon completion of the presumptive test, I placed the suspected Marijuana and the wrapping (I.E. Balloons, tape and plastic) in individual zip lock baggies and placed them in Evidence bags securing them into ISU Evidence Locker 51.

S. Henley, Correctional Officer

FINAL COPY C/O J. RUELAS 12/5/06 1430		SIGNATURE OF WRITER <i>[Signature]</i>		DATE SIGNED 9/25/06	
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE		GIVEN BY: (Staff's Signature) <i>C/O CRANES</i>		DATE SIGNED 9/29/06	
				TIME SIGNED 1150	

804 Sent To Records On 1/30/06 By [Signature]

D7 231L

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER T-48872	INMATE'S NAME BURRELL	RELEASE/BOARD DATE MEED 9/20/2002	INST. SVSP	HOUSING NO. D7-231L	LOG NO. S06-09-0027
VIOLATED RULE NO(S) CCR §3016(a)		SPECIFIC ACTS CONSPIRACY TO INTRODUCE A CONTROLLED SUBSTANCE	LOCATION Central Vis. Process.	DATE 09/21/06	TIME 1030 HRS.

CIRCUMSTANCES
This RVR Log #S05-10-0013 is being ordered Re-Issued / Re-Heard per memorandum authored by D. Travers, Chief Disciplinary Officer, dated 09/21/06.

On October 16, 2005, the Salinas Valley State Prison (SVSP), Investigative Services Unit (ISU) was conducting an investigation regarding the introduction of a Controlled Substance into SVSP, this investigation was concluded on October 20, 2005. On October 16, 2005, at approximately 1030 hours, Sergeant C. Knuckles, Visiting Sergeant contacted me and informed me that an approved visitor of Inmate Burrell T-48872, B5-216, had arrived at the Central Visitation Processing Center and had signed a CDC 1000, Visitors Pass. (Burrell's visitor will be referred to as Visitor #1 within this report) ISU then responded to the Central Visiting Processing Center, where I made the initial contact with Visitor #1. Due to numerous visitors in the visitors processing room, I asked Visitor #1 to step out of the visiting area, where I could talk with her privately. Upon exiting the visiting processing area I informed Visitor #1 that I was conducting an investigation and that I needed to speak with her. Visitor #1 was then escorted to the SVSP

Continued On Part C

Inmate BURRELL is a participant in the Mental Health Services Delivery System at the COOMS level of care.

REPORTING EMPLOYEE (Typed Name and Signature) S. Henley, Correctional Officer	DATE 9-25-06	ASSIGNMENT	RDO'S S/S/H
REVIEWING SUPERVISOR'S SIGNATURE [Signature]	DATE 9/25/06	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION A2	DATE 9/28/06	CLASSIFIED BY (Typed Name and Signature) R.L. MARINEZ
HEARING REFERRED TO <input type="checkbox"/> HO <input type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC		LOC.	

COPIES GIVEN INMATE BEFORE HEARING

<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE) [Signature]	DATE 9/29/06	TIME 1150	TITLE OF SUPPLEMENT ① DA letter & Re-issue & Rehear letter ② 1030' ③ LE DOJ # 1030 ④ SA
306-09-0027R	BY: (STAFF'S SIGNATURE) [Signature]	DATE 9/29/06	TIME 1150	BY: (STAFF'S SIGNATURE) [Signature]
INCIDENT REPORT LOG NUMBER: VP-CEN-05-10-0667	BY: (STAFF'S SIGNATURE) [Signature]	DATE 9/29/06	TIME 1150	BY: (STAFF'S SIGNATURE) [Signature]

HEARING

Plea: NOT GUILTY.

Findings: Inmate BURRELL was found **GUILTY** of CCR §3016(a), specifically "Conspiracy To Introduce A Controlled Substance" a Division "A-2" offense. This finding is based on the preponderance of evidence presented at the hearing which does substantiate the charge. The evidence presented at the hearing included: **SEE CDC-115-C.**

Disposition: Inmate BURRELL assessed **180** days forfeiture of credits in accordance with a Division "A-2" offense per CCR §3323(c)(8).

Additional Disposition: Inmate BURRELL was counseled, warned and reprimanded regarding future behavioral expectations.

Classification Referral: Refer to IOC for program evaluation.

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME) R.E. Barbee Jr., Correctional Lieutenant	SIGNATURE [Signature]	DATE 10/29/06	TIME 1855
REVIEWED BY: (SIGNATURE) [Signature]	DATE 11/13/06	CHIEF DISCIPLINARY OFFICER'S SIGNATURE G. Lewis, C.D.O.	DATE 11/27/06
COPY OF CDC 115 GIVEN INMATE AFTER HEARING <input checked="" type="checkbox"/>	BY: (STAFF'S SIGNATURE) [Signature]	DATE 12/5/06	TIME 1430

CDC 115 (7/88)

STATE OF CALIFORNIA

D7 DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 2 OF 4

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S06-09-0027R	INSTITUTION S.V.S.P.	TODAY'S DATE 10/29/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

Hearing: 10/29/06. Time: 1855 hours. Any Postponement Explained: None.

Inmate's Health: Inmate BURRELL stated his health was fine. **MSDS:** Inmate BURRELL is a participant in the Mental Health Services Delivery System at the CCMS level of care. The circumstances of the RVR do not indicate that Inmate BURRELL exhibited any bizarre behavior that would raise concerns about his mental health. At the hearing, Inmate BURRELL did not demonstrate any strange, bizarre, or irrational behavior. Based on this and pursuant to changes approved by the U.S. District Court on COLEMAN, a mental health assessment was not initiated.

Date of Discovery: 10/20/05. Re-Issue / Re-Hear Date: 09/21/06. Initial RVR copy issued on: 09/29/06.
Hearing started on: 10/29/06. Last document issued to inmate on: 10/20/06.
D.A. postponed date: None. D.A. results issued date: 05/11/06. Time Constraints: Met.

Staff Assistant: On 10/18/06, Correctional Officer L. Garcia was assigned as Staff Assistant and was present at the hearing and confirmed he interviewed Inmate BURRELL 24 hours prior to the hearing. Officer Garcia also confirmed he explained the hearing procedures, disciplinary charge and supporting evidence to Inmate BURRELL.

Investigative Employee: On 10/06/06, Correctional Officer C. Reyes was assigned as the Investigative Employee.

D.A. Referral: This matter was referred to the District Attorney's office for possible felony prosecution during the original adjudication of this Rules Violation Report. On 05/11/06, notice was received from the District Attorney indicating the case had been declined.

Evidence Requested: None. **External/Outside Evidence:** None. **Video Tape Evidence:** N/A.

Inmate Plea and Statement: Inmate BURRELL entered a plea of NOT GUILTY and stated, "I understand the charges, but the time has past. This should have been issued sooner if it was to go on."

Witnesses Requested: None. **Witness Testimony at Hearing:** None.

Confidential Information:

- 1) The defendant was informed that the confidential information would be used as evidence in the hearing.
- 2) The defendant acknowledged receipt of the three CDC 1030's related to the confidential information. Review of the CDC 1030's was conducted and determined that sufficient information was provided and to provide additional information would identify the identity of the sources.

Source #1 states Inmate BURRELL and his wife (Carla Reed) had/have conspired to introduce a Controlled Substance into Salinas Valley State Prison through a visit.

(Continued On Part C)

R.E. Barbee Jr., Correctional Lieutenant

FINAC COPY 9/0 J. RUELAS
12/5/06 1436

SIGNATURE OF WRITER <i>R.E. Barbee Jr.</i>		DATE SIGNED 11/20/06	
<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED

STATE OF CALIFORNIA

D7 DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 4 OF 4

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S06-09-0027R	INSTITUTION S.V.S.P.	TODAY'S DATE 10/29/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

(Findings Continued)

Four balloons of suspected Marijuana. These balloons were opened and photographed with a Digital camera and then secured into ISU Evidence Locker #51. The digital photographs were secured in the ISU Film Evidence Locker (Oct. 2005). The photographs consisted of the following: Over all views of balloons in the original packaging. Mid range view of balloons with a ruler. Close up view of balloons cut open showing green leafy substance. Over all view of suspected Marijuana removed from the packaging (balloons). Upon completion of the photographs, I conducted a Department of Justice Presumptive Drug Test on the suspected Marijuana. The presumptive test indicated a positive color change for Marijuana."

B: The Confidential Memorandums of 09/30/05 and 10/18/05, authored by ISU Officer S. Henley and attested to by the three CDC-1030 Forms show that Inmate BURRELL did conspire with his wife to introduce controlled substances into the institution.

The information provided by Sources #1, #2, and #3 are considered reliable pursuant to CCR §3321(c)(1) in that the confidential sources have previously provided information which proved to be true.

Conclusion: Inmate BURRELL is found guilty of Conspiring To Introduce A Controlled Substance, a Division "A-2" Offense. Since Inmate BURRELL never came into contact with the drugs that were found to be associated with his visitor, Inmate BURRELL is guilty of conspiring and not carrying through to the completed act to introduce those drugs.

Additional Disposition: Inmate BURRELL assessed 1 year loss of visiting beginning on 10/29/06, to be followed by loss of non-contact visiting for 2 years. Credit for Loss of Visiting, which commenced 06/04/06 to 09/02/06, of 90 days.

This appears to be the first offense for Inmate BURRELL for a controlled substance charge. Per CCR §3315(f)(4)(A), Inmate BURRELL will be put on Mandatory Random Drug Testing for 1 year and will be required to submit one random urinalysis test once per month beginning 10/29/06 and ending 10/29/07.

Inmate BURRELL assessed 30 days loss of privileges to include the following: No Yard, No Canteen, No telephone, No dayroom, no family visiting, no dayroom, no quarterly packages, and no special purchases.

Inmate BURRELL is required to attend Narcotics Anonymous pursuant to CCR §3315(f)(5)(K)1.

Enemy Concerns: None.

Appeal Rights: Inmate BURRELL was advised of his appeal rights per CCR §3084.1(a). Inmate BURRELL was also informed of the CCR Restoration Amendment per A/B 96/4, in that effective April 1, 1996, any RVR resulting in credit loss greater than 90 days (Division A1, A2, B, or C offenses) will not be restored. Inmate BURRELL was advised he will receive a completed copy of the RVR upon final audit by the Chief Disciplinary Officer.

R.E. Barbee Jr., Correctional Lieutenant

FINAL COPY OF 3 RVRs
12/5/06 1436

SIGNATURE OF WRITER <i>R.E. Barbee Jr.</i>		DATE SIGNED 11/20/06	
GIVEN BY: (Staff's Signature)		DATE SIGNED	TIME SIGNED
<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE			

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 2 OF 2

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S06-09-0027R	INSTITUTION S.V.S.P.	TODAY'S DATE 10/12/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

(Reporting Employee's Statement Continued)

The following questions were provided by Inmate Burrell to be asked of Officer Henley:

Q: C/O Henley, you have a receipt from Mrs. Reed's purse and two letters. Can you state if the letters were threatening towards her?

A: I don't recall.

Q: Also the receipts that were taken, can you return them back to Mrs. Reed?

A: If Mrs. Reed wants her receipts back she can contact me.

Q: Confidential sources, how reliable are the 1030's?

A: Very reliable.

No further questions were provided for Officer Henley.

INVESTIGATIVE EMPLOYEE'S STATEMENT: On 10/06/06, I was assigned as the Investigative Employee for CDC-115 Log #S06-09-0027R regarding Inmate Burrell, T-48872. Inmate Burrell had questions for Officer Henley and had no statement. Inmate Burrell had requested Mrs. Carla Reed as a witness via telephone. At the time of the hearing SHO can determine if Mrs. Reed can be contacted. Inmate Burrell requested a copy of the D.O.J. Report; he will be issued a copy of the D.O.J. Report prior to his 115 hearing.

Reporting Employee requested at the hearing: No.

Investigative Employee requested at the hearing: No.

Staff / Inmate witnesses requested at the hearing: No.

Additional information in Confidential Reports: No.

C. Reyes, Correctional Officer

<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER C. Reyes		DATE SIGNED 10/18/06
	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

PAGE 3 OF 4

RULES VIOLATION REPORT - PART C

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S06-09-0027R	INSTITUTION S.V.S.P.	TODAY'S DATE 10/29/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

(Confidential Information Continued)

Source #2 states Inmate BURRELL has been conspiring with his spouse to introduce a Controlled Substance into SVSP.

Source #3 states Inmate Henderson, D-58455, (Inmate Burrell's ex-cellmate) and Inmate BURRELL are bringing large quantities of Narcotics into Salinas Valley State Prison through their scheduled visits.

Findings: Inmate BURRELL is found GUILTY of "Conspiracy To Introduce A Controlled Substance." This finding is based upon the following preponderance of evidence:


As RVR Log #S06-09-0027R authored by Correctional Officer S. Henley, which states in part, "On October 16, 2005, the Salinas Valley State Prison (SVSP), Investigative Services Unit (ISU) was conducting an investigation regarding the introduction of a Controlled Substance into SVSP, this investigation was concluded on October 20, 2005. On October 16, 2005, at approximately 1030 hours, Sergeant C. Knuckles, Visiting Sergeant contacted me and informed me that an approved visitor of Inmate Burrell T-48872, B5-216, had arrived at the Central Visiting Processing Center and had signed a CDC 1000, Visitors Pass. (Burrell's visitor will be referred to as Visitor #1 within this report) ISU then responded to the Central Visiting Processing Center, where I made the initial contact with Visitor #1." and "Upon exiting the visiting processing area I informed Visitor #1 that I was conducting an investigation and that I needed to speak with her. Visitor #1 was then escorted to the SVSP Administration Building, In Service Training (IST) class room. Visitor #1 was then advised that she was suspected of bringing a controlled substance into SVSP. Visitor #1 was informed that this unit had obtained a search warrant and that the search warrant included her person, her personal belongings and any vehicle she arrived in. Visitor #1 then asked to relinquish her vehicle key, at which time she did." also "During the interview I informed Visitor #1 that I would like to utilize a Narcotic Canine during the search of her vehicle at which time she stated that's "OK." During the canine search of Visitor #1's vehicle, the narcotic canine alerted to the following area's: Front passenger seat. Front Console (Ashtray area) and the second row seat, near the sliding door. During the hand search of the vehicle Officer M. Valdez and Officer A. Diaz, found items in the vehicle consistent with the packaging of narcotics (I.E. Baggies, tape and balloons and Vaseline) leading us to believe that she was indeed in possession of a controlled substance with the intention to introduce it into the prison." and further states "During the investigation it was discovered that Visitor #2 had arrived at SVSP with Visitor #1 and prior to our arrival to the visiting processing center Visitor #2 was allowed to enter the institution. Visitor #2 arrived with the intention of visiting Inmate Henderson, D-58455, B5-132. Upon her arrival to the facility visiting room she utilized the rest room and then was told that she needed to report back to the visiting processing center. Sergeant Knuckles was notified of the above information and instructed her staff to conduct a search of the rest room. During this search a balloon was discovered in the disability stall that contained suspected narcotics.

At approximately 1300 hours, ISU interviewed Visitor #2 regarding the balloon that was found in the rest room of the Facility "B" Visiting. Visitor #2 stated that when the officers called her back to the visiting processing area she got scared and attempted to hide the balloon in the paper toilet seat covers on the wall.

At approximately 1700 hours, Lieutenant R. Martinez and I transported Visitor #1 to an outside hospital where four balloons were recovered from Visitor #1. The balloons were placed into evidence bags and kept in my possession. I then returned to SVSP and placed the following items into evidence:

(Continued On Part C)

R.E. Barbee Jr., Correctional Lieutenant

FINAL COPY C/O J. RUIZ CAS 12/5/06 1430 <input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER 		DATE SIGNED 11/8/06
	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

SERIOUS RULES VIOLATION REPORT

CDC NUMBER T-48872	INMATE'S NAME BURRELL	VIOLATED RULE NO(S) CCR §3016(a)	DATE 09/21/06	INSTITUTION SVSP	LOG NO. S06-09-0027R
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO**POSTPONEMENT OF DISCIPLINARY HEARING**

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
DATE NOTICE OF OUTCOME RECEIVED 5/11/06	DISPOSITION DA Declined	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE ▶	DATE

STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE ▶	DATE 10/18/06
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE 10-18-06	NAME OF STAFF L. GARCIA
<input type="checkbox"/> NOT ASSIGNED	REASON	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE ▶	DATE 10/18/06
<input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE 10/06/06	NAME OF STAFF C. Reyes, Correctional Officer
<input type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)

<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER	<input type="checkbox"/> NONE
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED <input type="checkbox"/> NOT GRANTED <input type="checkbox"/>	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED <input type="checkbox"/> NOT GRANTED <input type="checkbox"/>	

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

On 10/06/06, I was assigned as Investigative Employee for CDC-115 Log #S06-09-0027R. I informed Inmate BURRELL of my assignment and that as Investigative Employee my duties were as a fact finder for the Senior Hearing Officer. Inmate BURRELL stated that he had no objection to my serving in this capacity.

DEFENDANT'S STATEMENT: On 10/06/06, I interviewed Inmate BURRELL and he did not make a statement, but had questions to be asked of the Reporting Employee.

REPORTING EMPLOYEE'S STATEMENT: On 10/12/06, I interviewed Correctional Officer S. Henley and she made the following statement: "On October 16, 2005, the Investigative Services Unit served a search warrant on Carla Reed, an approved visitor of Inmate Burrell. During the services of this warrant 77.77 grams of Marijuana were recovered from Mrs. Reed. Mrs. Reed arrived at SVSP with the intention of visiting Inmate Burrell."

(Continued on Part C)

C. Reyes, Correctional Officer

<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) ▶ C/O CRAYES	INVESTIGATOR'S SIGNATURE ▶ C/O CRAYES	DATE 10/18/06
		TIME 1150	DATE 9/29/06

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

SERIOUS RULES VIOLATION REPORT

CDC NUMBER T-48872	INMATE'S NAME BURRELL	VIOLATED RULE NO(S). CCR §3016(a)	DATE 09/21/06	INSTITUTION SVSP	LOG NO. S06-09-0027R
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO**POSTPONEMENT OF DISCIPLINARY HEARING**

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
DATE NOTICE OF OUTCOME RECEIVED 5/11/06	DISPOSITION DA	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE ▶	DATE

STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE 10/06/06	NAME OF STAFF C. Reyes, Correctional Officer
<input type="checkbox"/> NOT ASSIGNED	REASON	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE ▶	DATE
<input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE 10/06/06	NAME OF STAFF C. Reyes, Correctional Officer
<input type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)			
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER <input checked="" type="checkbox"/> NONE
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED <input type="checkbox"/> NOT GRANTED <input type="checkbox"/>	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	GRANTED <input type="checkbox"/> NOT GRANTED <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

On 10/06/06, I was assigned as Investigative Employee for CDC-115 Log #S06-09-0027R. I informed Inmate BURRELL of my assignment and that as Investigative Employee my duties were as a fact finder for the Senior Hearing Officer. Inmate BURRELL stated that he had no objection to my serving in this capacity.

DEFENDANT'S STATEMENT: On 10/06/06, I interviewed Inmate BURRELL and he did not make a statement, but had questions to be asked of the Reporting Employee.

REPORTING EMPLOYEE'S STATEMENT: On 10/12/06, I interviewed Correctional Officer S. Henley and she made the following statement: "On October 16, 2005, the Investigative Services Unit served a search warrant on Carla Reed, an approved visitor of Inmate Burrell. During the services of this warrant 77.77 grams of Marijuana were recovered from Mrs. Reed. Mrs. Reed arrived at SVSP with the intention of visiting Inmate Burrell."

(Continued on Part C)

C. Reyes, Correctional Officer

<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) ▶ C/O C. Reyes	INVESTIGATOR'S SIGNATURE ▶ C/O C. Reyes	DATE 10/19/06
		TIME 11:40	DATE 9/29/06

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 2 OF 2

CDC NUMBER T-48872	INMATE'S NAME BURRELL	LOG NUMBER S06-09-0027R	INSTITUTION S.V.S.P.	TODAY'S DATE 10/12/06
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

(Reporting Employee's Statement Continued)

The following questions were provided by Inmate Burrell to be asked of Officer Henley:

Q: C/O Henley, you have a receipt from Mrs. Reed's purse and two letters. Can you state if the letters were threatening towards her?

A: I don't recall.

Q: Also the receipts that were taken, can you return them back to Mrs. Reed?

A: If Mrs. Reed wants her receipts back she can contact me.

Q: Confidential sources, now reliable are the 1030's?

A: Very reliable.

No further questions were provided for Officer Henley.

INVESTIGATIVE EMPLOYEE'S STATEMENT: On 10/06/06, I was assigned as the Investigative Employee for CDC-115 Log #S06-09-0027R regarding Inmate Burrell, T-48872. Inmate Burrell had questions for Officer Henley and had no statement. Inmate Burrell had requested Mrs. Carla Reed as a witness via telephone. At the time of the hearing SID can determine if Mrs. Reed can be contacted. Inmate Burrell requested a copy of the D.O.J. Report; he will be issued a copy of the D.O.J. Report prior to his 115 hearing.

Reporting Employee requested at the hearing: No.

Investigative Employee requested at the hearing: No.

Staff / Inmate witnesses requested at the hearing: No.

Additional Information in Confidential Reports: No.

C. Reyes, Correctional Officer

<input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <i>C. Reyes</i>		DATE SIGNED 10/12/06
	GIVEN BY: (Staff's Signature)	DATE SIGNED	TIME SIGNED

ie:ag

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

SERIOUS RULES VIOLATION REPORT

CDC NUMBER F-48872	INMATE'S NAME BURRELL	VIOLATED RULE NO(S). CCR §3016(a)	DATE 09/21/06	INSTITUTION SVSP	LOG NO. S06-09-0027R
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REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO**POSTPONEMENT OF DISCIPLINARY HEARING**

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
DATE NOTICE OF OUTCOME RECEIVED 5/11/06	DISPOSITION DA Declined	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE ▶	DATE

STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE ▶ Angel Burrell	DATE 10/18/06
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE 10-18-06	NAME OF STAFF L. Garcia
<input type="checkbox"/> NOT ASSIGNED	REASON	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE ▶ Angel Burrell	DATE 10/29/06
<input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE		
<input checked="" type="checkbox"/> ASSIGNED	DATE 10/06/06	NAME OF STAFF C. Reyes, Correctional Officer
<input type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)					
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> NONE	
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

On 10/06/06, I was assigned as Investigative Employee for CDC-115 Log #S06-09-0027R. I informed Inmate BURRELL of my assignment and that as Investigative Employee my duties were as a fact finder for the Senior Hearing Officer. Inmate BURRELL stated that he had no objection to my serving in this capacity.

DEFENDANT'S STATEMENT: On 10/06/06, I interviewed Inmate BURRELL and he did not make a statement, but had questions to be asked of the Reporting Employee.

REPORTING EMPLOYEE'S STATEMENT: On 10/12/06, I interviewed Correctional Officer S. Henley and she made the following statement: "On October 16, 2005, the Investigative Services Unit served a search warrant on Carla Reed, an approved visitor of Inmate Burrell. During the services of this warrant 77.77 grams of Marijuana were recovered from Mrs. Reed. Mrs. Reed arrived at SVSP with the intention of visiting Inmate Burrell."

(Continued on Part C)

G. Reyes, Correctional Officer

INVESTIGATOR'S SIGNATURE ▶ C. O. CRANES	DATE 10/18/06
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STAFF ASSISTANT ASSIGNMENT

STAFF NAME Clo J. Garcia
 DATE ASSIGNED 5/26/06 DATE DUE asap
 RVR LOG SOS-10-0013
 I/M NAME & CDC # Burrell T. 48872

Instructions: Meet with inmate. Check off each item completed as applicable. Return this form to the disciplinary officer or Facility Lieutenant for issuance. Be aware that the disciplinary hearing **CAN NOT** be held until this document has been completed and returned for issuance to the inmate. The same staff assistant **must** be present at the disciplinary hearing.

CCR 3381(b) : The assigned staff assistant shall:

- ☒ (A) Inform the inmate of their rights and of the disciplinary hearing procedures.
- ☒ (B) Advise and assist in the inmate's preparation for a disciplinary hearing, represent the inmate's position at the hearing, ensure that the inmate's position is understood, and that the inmate understands the decisions reached.
- ☒ (C) Refrain from giving legal counsel or specifying the position the inmate should take in any disciplinary, classification or criminal proceeding.

(2) The inmate shall be informed that:

- ☒ (A) Upon the inmate's request, the staff assistant shall keep confidential any information the inmate may disclose concerning the charges for which the staff assistant was assigned.
- ☒ (B) All evidence and information obtained and considered or developed in the disciplinary process may be used in court if the same charges have been or are to be referred for prosecution.

- (3) If the staff assistant becomes aware that the inmate is contemplating future criminal conduct, the staff assistant shall disclose this information if necessary to protect potential victims and prevent the contemplated crime.

Completed on Date: 5/26/06
 Staff Assistant Printed Name: J. Garcia
 Staff Assistant Signature: [Signature]

Copy given to inmate on (Date): 5/26/06
 Staff member name issuing copy: Clo CRANES
 Staff member signature: Clo CRANES

STAFF ASSISTANT ASSIGNMENT

STAFF NAME GARCIA, L
 DATE ASSIGNED 10-19-06 DATE DUE ADP
 RVR LOG 506-21-0272
 I/M NAME & CDC # Burwell T 48872

Instructions: Meet with inmate. Check off each item completed as applicable. Return this form to the disciplinary officer or Facility Lieutenant for issuance. Be aware that the disciplinary hearing CAN NOT be held until this document has been completed and returned for issuance to the inmate. The same staff assistant must be present at the disciplinary hearing.

CCR 3381(b) : The assigned staff assistant shall:

- ☒ (A) Inform the inmate of their rights and of the disciplinary hearing procedures
- ☒ (B) Advise and assist in the inmate's preparation for a disciplinary hearing, represent the inmate's position at the hearing, ensure that the inmate's position is understood, and that the inmate understands the decisions reached.
- ☒ (C) Refrain from giving legal counsel or specifying the position the inmate should take in any disciplinary, classification or criminal proceeding.

(2) **The inmate shall be informed that:**

- ☒ (A) Upon the inmate's request, the staff assistant shall keep confidential any information the inmate may disclose concerning the charges for which the staff assistant was assigned.
- ☒ (B) All evidence and information obtained and considered or developed in the disciplinary process may be used in court if the same charges have been or are to referred for prosecution.

- (3) **If the staff assistant becomes aware that the inmate is contemplating future criminal conduct, the staff assistant shall disclose this information if necessary to protect potential victims and prevent the contemplated crime.**

Completed on Date: 10-19-06
 Staff Assistant Printed Name: GARCIA, L
 Staff Assistant Signature: [Signature]

Copy given to inmate on (Date): 10-19-06
 Staff member name issuing copy: [Signature]
 Staff member signature: [Signature]

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DISCIPLINARY DRUG TESTING REQUIRMENTS

INMATE NAME

BURRELL

INMATE CDC NUMBER

T-48872

The above noted inmate was found guilty of violating:

- ☒ CCR §3016(a) Conspiracy to introduce a controlled substance.
- ☐ CCR §3016(b) Possession of paraphernalia for controlled substances or controlled medication use.
- ☐ CCR §3016(c) Conspiracy to distribute controlled substances.
- ☐ CCR §3016(d) Possession or control of a controlled medication in institution.
- ☐ CCR §3290(d) Refusal to test for controlled substance.

The inmate was assessed a mandatory random drug testing period in accordance with CCR Section 3315(f)(4), Serious Rule Violation CDC-115, Log # S06-09-0027R dated 10/29/06.

- ☒ First Offense. One year of mandatory random drug testing. *The inmate must provide a minimum of one random drug test per month.*

1 year no Visiting from 10/29/06 to 10/29/07. Then
 2 years Non-Contact Visiting from 10/30/07 to 08/02/09. *

* 90 days credit due to loss of visiting commenced on 06/04/06 thru 09/02/06, in the original adjudication of RVR.

- ☐ Second Offense. One year of mandatory random drug testing. *The inmate must provide a minimum of two random drug tests per month.*

90 Days no Visiting from _____ to _____ Then
 180 Days Non-Contact Visiting from _____ to _____

- ☐ Third Offense. One year of mandatory random drug testing. *The inmate must provide a minimum of four random drug tests per month.*

180 Days no Visiting from _____ to _____ Then
 180 Days Non-Contact Visiting from _____ to _____

One year mandatory random drug testing effective date: 10/29/06 through: 10/29/07

NAME / TITLE / SIGNATURE SENIOR HEARING OFFICER

R.E. Barbee Jr., Correctional Lieutenant



DATE

11/20/06

Distribution: Central File Program UA Log Visiting Sergeant Inmate

NAME and NUMBER

BURRELL

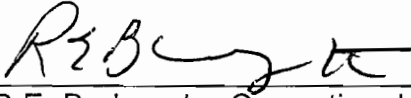
T-48872

D7-231L

CDC-128-B (Rev. 4/74)

Inmate BURRELL, T-48872, is required to submit to random drug testing **once a month** for a period of **one (1) year** in accordance with CCR 3315(f)(4)(A) for the first offense, and pursuant to a finding of guilt on a drug related offense, Rules Violation Report, Log #S06-09-0027R, and to California Code of Regulations, Title 15, Section 3290(c) subsection (3), and 3290(d). Random drug testing will take effect on 10/29/06 through 10/29/07. Inmate BURRELL was advised of this documentation.

Orig: C-File
Cc: CC-II
Facility Captain
ISU Lieutenant
Facility Lieutenant
Housing Unit File
Inmate



R.E. Barbee Jr., Correctional Lieutenant
Senior Hearing Officer
Salinas Valley State Prison

DATE: 10/29/06

(MANDATORY DRUG TESTING)

GENERAL CHRONO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

NOTICE OF CLASSIFICATION HEARING

CDC 128 - B1 (Rev 2/95)

INMATE NAME BURRELL	CDC NUMBER T-48872	TODAY'S DATE 10/29/06
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YOU WILL APPEAR BEFORE A CLASSIFICATION COMMITTEE ON ASAP FOR CONSIDERATION OF A MAJOR PROGRAM CHANGE AS FOLLOWS:

- ☐ TRANSFER
 ☐ INCREASE IN CUSTODY
 ☐ ASSIGNMENT TO SECURITY HOUSING
 ☐ REMOVAL FROM PROGRAM
 ☒ OTHER program evaluation.

REASON: On 10/29/06, Inmate BURRELL, T-48872, appeared before Correctional Lieutenant R.E. Barbee Jr., Senior Hearing Officer, for a CDC-115 hearing concerning Rules Violation Report, Log #S06-09-00027R, charging him with the specific act of "Conspiracy To Introduce A Controlled Substance." Inmate BURRELL was found GUILTY and is referred to I.C.C. for: program evaluation.

STAFF NAME R.E. Barbee Jr., Correctional Lieutenant	Senior Hearing Officer	S.V.S.P.
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ROUTING INSTRUCTIONS: ORIGINAL - CLASSIFICATION COMMITTEE COPY - INMATE

NAME and NUMBER BURRELL T-48872 D7-231L

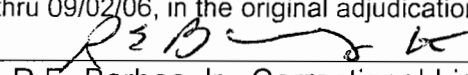
CDC-128-B (Rev. 4/74)

On 10/29/06, Inmate BURRELL, T-48872, D7-231L, appeared before Correctional Lieutenant R.E. Barbee Jr., Senior Hearing Officer, for a CDC-115 hearing concerning Rules Violation Report Log #S06-09-0027R, charging him with the specific act of "**CONSPIRACY TO INTRODUCE A CONTROLLED SUBSTANCE**". Inmate BURRELL was found **GUILTY**. Therefore, pursuant to CCR §3315(f)(5)(I) the following loss of visiting privileges have been assessed:

Inmate BURRELL is being assessed **one year loss of visiting** beginning 10/29/06 and ending 10/29/07; to be followed by **two years of non-contact visiting** beginning 10/30/07 and ending *08/02/09.

* 90 days credit due to loss of visiting commenced on 06/04/06 thru 09/02/06, in the original adjudication of RVR.

Orig: C-File
Cc: CC-II
Facility Captain
Visiting Sergeant
Inmate


R.E. Barbee Jr., Correctional Lieutenant
Senior Hearing Officer
Salinas Valley State Prison

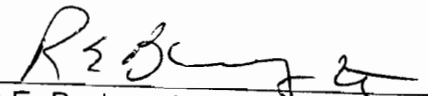
DATE: 10/29/06 (Loss Of Visiting Privileges) GENERAL CHRONO

NAME and NUMBER BURRELL T-48872 D7-231L

CDC-128-B (Rev. 4/74)

On 10/29/06, Inmate BURRELL, T-48872, appeared before Correctional Lieutenant R.E. Barbee Jr., Senior Hearing Officer, for the adjudication of Rules Violation Report Log #S06-09-0027R, for the specific charge of "Conspiracy To Introduce A Controlled Substance." Inmate BURRELL was found guilty and is required to attend Narcotics Anonymous per CCR §3315(f)(5)(K)1.

Orig: C-File
Cc: Correctional Counselor II
Education Dept.
N.A. Sponsor
Inmate


R.E. Barbee Jr., Correctional Lieutenant
Senior Hearing Officer
Salinas Valley State Prison

DATE: 10/29/06 REQUIRED PARTICIPATION IN
NARCOTICS ANONYMOUS

GENERAL CHRONO

NAME and NUMBER

BURRELL

T-48872

D7-231L

CDC-128-B (Rev. 4/74)

On 10/29/06, Inmate BURRELL, T-48872, appeared before Correctional Lieutenant R.E. Barbee Jr., Senior Hearing Officer, for a CDC-115 concerning Rules Violation Report, Log #S06-09-0027R, charging him with the specific act of, "**CONSPIRACY TO INTRODUCE A CONTROLLED SUBSTANCE.**" Inmate BURRELL was found **GUILTY**.

Inmate BURRELL is being assessed 30 days loss of privileges to begin on 10/29/06 and ending 11/28/06, loss of privileges to include: No family visits, no canteen, no telephone (**unless verified emergency**), no yard, no dayroom, no special purchases, and no quarterly packages.

Orig: C-File

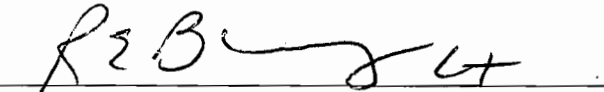
Cc: CC-II

Facility Captain

Housing Unit

Inmate

Canteen Manager



R.E. Barbee Jr., Correctional Lieutenant
Senior Hearing Officer
Salinas Valley State Prison

DATE: 10/29/06

(LOSS OF PRIVILEGES)

GENERAL CHRONO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART A - COVER SHEET
CDC 837-A (Rev. 09/03)

PAGE 1 OF 3

INCIDENT LOG NUMBER

SVP-CEN-05-10-0667

INCIDENT DATE

10/16/05

INCIDENT TIME

10:30

INSTITUTION SVSP	FACILITY CEN	FACILITY LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV	INCIDENT SITE VISITING	LOCATION VISITING	<input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> PHU <input type="checkbox"/> SNY <input checked="" type="checkbox"/> GP <input type="checkbox"/> CTC <input type="checkbox"/> RC SEG. YARD: <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM	USE OF FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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SPECIFIC CRIME / INCIDENT

CONSPIRACY TO INTRODUCE A CONTROLLED SUBSTANCE

☒ CCR ☐ PC ☐ N/A

NUMBER/SUBSECTION: 3016 (c)

D. A. REFERRAL ELIGIBLE

☒ YES ☐ NO

SERT ACTIVATED

☐ YES ☒ NO

NMT ACTIVATED

☐ YES ☒ NO

MUTUAL AID REQUEST

☐ YES ☒ NO

PIO/AA NOTIFIED

☒ YES ☐ NO

RELATED INFORMATION (CHECK ALL THAT APPLY)

DEATH	CAUSE OF DEATH	ASSAULT / BATTERY	TYPE OF ASSAULT / BATTERY
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> EXECUTION <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OVERDOSE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ON INMATE <input type="checkbox"/> ON STAFF <input type="checkbox"/> ON VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BEATING <input type="checkbox"/> SPEARING <input type="checkbox"/> GASSING <input type="checkbox"/> STABBING <input type="checkbox"/> POISONING <input type="checkbox"/> STRANGLING <input type="checkbox"/> SEXUAL <input type="checkbox"/> OTHER: <input type="checkbox"/> SHOOTING <input type="checkbox"/> SLASHING <input checked="" type="checkbox"/> N/A

SERIOUS INJURY	INMATE WEAPONS	SHOTS FIRED / TYPE WEAPON / FORCE
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> CHEMICAL SUBSTANCE <input type="checkbox"/> CLUB / BLUDGEON <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDS / FEET <input type="checkbox"/> KNIFE <input type="checkbox"/> SAP/SLUNG SHOT <input type="checkbox"/> PROJECTILE <input type="checkbox"/> SPEAR <input type="checkbox"/> SLASHING INSTRUMENT <input type="checkbox"/> STABBING INSTRUMENT <input type="checkbox"/> OTHER: <input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID: <input type="checkbox"/> UNKNOWN LIQUID <input checked="" type="checkbox"/> N/A	WEAPON: <input type="checkbox"/> MINI 14 <input type="checkbox"/> 38 CAL. <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40MM MULTI <input type="checkbox"/> HFWSRS FORCE: <input type="checkbox"/> SIDE-HANDLE BATON <input type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> X10 <input type="checkbox"/> OTHER: TYPE: <input type="checkbox"/> COMMERCIAL WEAPON <input type="checkbox"/> INMATE MANUFACTURED WEAPON WARNING # EFFECT # NO: BATON ROUND: WOOD RUBBER FOAM STINGER: .32 (A) .60 (B) EXACT IMPACT CTS 4557 XM 1036 CHEMICAL: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input checked="" type="checkbox"/> N/A

CONTROLLED SUBSTANCE / WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY
<input type="checkbox"/> POSITIVE U/A <input type="checkbox"/> WITH PACKAGING <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> BARBITURATES <input type="checkbox"/> COCAINE <input type="checkbox"/> CODEINE <input type="checkbox"/> HEROIN <input checked="" type="checkbox"/> MARIJUANA/THC <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OTHER: <input type="checkbox"/> N/A	<input type="checkbox"/> CONTROLLED MEDS <input type="checkbox"/> WITHOUT PACKAGING PRELIMINARY LAB APPROX 3oz <input type="checkbox"/> MODIFIED PROGRAM <input type="checkbox"/> LOCKDOWN <input checked="" type="checkbox"/> STATE OF EMERGENCY IF YES, LIST AFFECTED PROGRAMS: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> EMPLOYEE JOB ACTION <input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> EXPLOSION <input type="checkbox"/> FIRE <input type="checkbox"/> GANG/DISRUPTIVE GROUP <input type="checkbox"/> HOSTAGE <input type="checkbox"/> INMATE STRIKE <input type="checkbox"/> MAJOR DISTURBANCE <input type="checkbox"/> MAJOR POWER OUTAGE <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> PUBLIC DEMONSTRATION <input type="checkbox"/> SPECIAL INTEREST I/M <input type="checkbox"/> WEATHER <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER: EXTRACTION: <input type="checkbox"/> CONTROLLED <input type="checkbox"/> IMMEDIATE <input checked="" type="checkbox"/> N/A

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

On October 16, 2005 at approximately 1030 hours the Salinas Valley State Prison (SVSP), Investigative Service Unit (ISU) executed a search warrant on Mrs. Carla Reed, DOB 8/14/63 for introducing a Controlled Substance into SVSP. During the course of the cavity search of Mrs. Reed approximately 77.77 grams of Marijuana was discovered. Furthermore approximately

COMPLETE SYNOPSIS / SUMMARY ON PART A1

NAME OF REPORTING STAFF (PRINT/TYPE) R. L. MARTINEZ	TITLE LIEUTENANT	ID # [REDACTED]	BADGE # 33903
SIGNATURE OF REPORTING STAFF [Signature]		PHONE EXT. (INCIDENT SITE) [REDACTED]	DATE 10/16/05
NAME OF WARDEN / AOD (PRINT/SIGN) J. MOSS [Signature]		TITLE CAPTAIN (A)	DATE 10/17/05

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT**PART A1 - SUPPLEMENT**

CDC 837-A1 (09/03)

PAGE 2 OF 3

INCIDENT LOG NUMBER

SVP-CEN-05-10-0667

INSTITUTION SVSP	FACILITY CEN	DATE OF INCIDENT 10/16/05	TIME OF INCIDENT 10:30
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TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT
 ☐ SUPPLEMENTAL INFORMATION
 ☐ AMENDED INFORMATION
 ☐ CLOSURE REPORT
NARRATIVE:

10.92 GRAMS OF Marijuana was discovered in the Facility B, Visitor Bathroom, which was placed there by Delores Henderson, DOB 11/22/34. Mrs. Henderson was transported to SVSP by Mrs. Reed.

On October 16, 2005 SVSP, ISU Officer S. Henley concluded an investigation into the conspiracy of Mrs. Carla Reed and Inmate Burrell, T-48872 into Introducing a Controlled Substance into an Institution. During the course of the investigation Officer Henley had obtained through Confidential Informants that Mrs. Reed would be attempting to introduce a large amount of narcotics into SVSP during the weekend of 10/15/05 & 10/16/05. A search warrant was obtained through the Monterey County Courts and executed on 10/16/05. During the course of interviewing Mrs. Reed it was discovered that she had given a ride to a Mrs. Delores Henderson so that she could visit Inmate Henderson, D-58455, B5-132. The interview with Mrs. Reed was suspended.

Mrs. Henderson was ordered to report to the visiting processing area to be interviewed by ISU staff. Upon leaving Facility B, Visiting Room Mrs. Henderson was observed by Officer M. Herrera entering the bathroom. After Mrs. Henderson left the bathroom Officer Herrera searched it and discovered a white bindle wrapped in clear plastic packaging. Officer Herrera discovered the bindle in the seat cover dispenser located in the handicap stall. Mrs. Henderson was interviewed by Officer Henley, Sergeant A. Cariaga and Lieutenant R. L. Martinez. During the course of the interview Mrs. Henderson stated she received the bindle from Mrs. Reed and when she was called back to the visiting processing area she attempted to hide it in the seat cover dispenser in the handicap stall. Mrs. Henderson stated she did not know what was inside of the bindle and the interview was concluded. Officer A. Diaz was notified of the bindle being discovered and reported to Facility B, Visiting. Diaz took control of the bindle and conducted a Department of Justice Presumptive Drug Screening Test which proved positive for Marijuana and weighed approximately 10.92 grams. Officer Diaz took a series of photographs of the bindle and suspected Marijuana and placed it into Evidence Locker 51.

Mrs. Reed was notified of her Miranda rights and placed under arrest. Mrs. Reed was transported to Natividad Medical Center to have a body cavity search, which was conducted by Dr. M. Jones. During the cavity search it was discovered Mrs. Reed had three bindles secreted in her anus and one bindle secreted in her vagina. After the completion of the removal of the bindles from Mrs. Reed body, Officer Henley took control of the bindles. Henley took a series of photographs and conducted the Department of Justice Presumptive Drug Screening Test which proved positive for Marijuana. The suspected Marijuans weighed approximately 77.77 grams. Officer Henley placed the evidence into Evidence Locker 51.

Mrs. Reed and Mrs. Henderson was transported to the Monterey County Jail and released into their custody. Inmate Burrell and Henderson was rehoused in Administrative Segregation pending the completion of the disciplinary process.


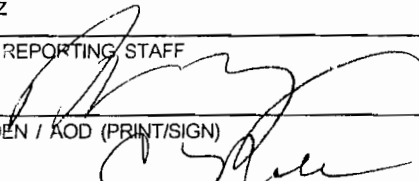
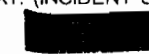
SUSPECTS: Mrs. Reed, Mrs. Henderson, Inmate Burrell, T-48872, Inmate Henderson, D-58455

VICTIM: N/A

ESCORTS: D. Fragoso, A. Lopez, S. Henley, R. L. Martinez

USE OF FORCE: N/A

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE) R. L. Martinez	TITLE Lieutenant	ID # 	BADGE # 33903
SIGNATURE OF REPORTING STAFF 		PHONE EXT. (INCIDENT SITE) 	DATE 10/16/05
NAME OF WARDEN / AOD (PRINT/SIGN) J. Moss		TITLE Captain (A)	DATE 10/17/05

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART A1 - SUPPLEMENT
 CDC 837-A1 (09/03)

PAGE 3 OF 3

INCIDENT LOG NUMBER
SVSP-CEN-05-10-0667

INSTITUTION SVSP	FACILITY CEN	DATE OF INCIDENT 10/16/05	TIME OF INCIDENT 10:30
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TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT
 ☐ SUPPLEMENTAL INFORMATION
 ☐ AMENDED INFORMATION
 ☐ CLOSURE REPORT
NARRATIVE.

CRIME SCENE/EVIDENCE: Suspected Marijuana was placed in evidence locker 51 and Photo evidence was placed in the October film locker.

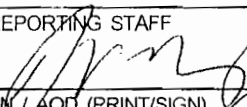
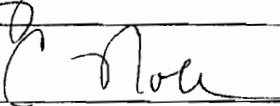
MEDICAL/MENTAL HEALTH: Burrell & Henderson are not in the Mental Health Program at any level of care.

MEDICAL/MENTAL HEALTH/EVALUATIONS/TREATMENT: LVN. G. Jaime Conducted a medical examination/evaluations (CDC 7219) on Inmate Henderson noting an old injury to right side of facial area. LVN G. Jaime noted no injuries to Inmate Burrell.

CONCLUSION: Inmate Burrell will be issued a Rules Violation report (CDC 115) for the violation of California Code Of Regulations 3016 (c), specifically, Conspiracy to Distribute a Controlled Substance. Inmate Henderson will be issued a CDC 115 for the violation of California Code Of Regulations 3016(c), Conspiracy to Distribute a Controlled Substance. Mrs. Reed and Mrs. Henderson will be referred to the Monterey County District Attorney Office for possible prosecution.

NOTIFICATIONS: This incident will be referred to the Monterey County District Attorney's officer for possible felony prosecution. All appropriate Administrative Staff were notified of this incident. You will be apprised of any further developments in this matter via supplemental reports.

☒ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE) R. L. Martinez	TITLE Lieutenant	ID # [REDACTED]	BADGE # 33903
SIGNATURE OF REPORTING STAFF 		PHONE EXT. (INCIDENT SITE) [REDACTED]	DATE 10/16/05
NAME OF WARDEN / AOD (PRINT/SIGN) J. Moss 		TITLE Captain (A)	DATE 10/17/05

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART B1 - INMATE

CDCR 837-B1 (Rev. 07/05)

PAGE ____ OF ____

INSTITUTION SVSP	FACILITY FAC.-B	INCIDENT LOG NUMBER SVP-CEN-05-10-0667
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INMATE (ENTIRE SHEET)

NAME: LAST HENDERSON	FIRST RAYMOND	MI	CDC # D-58455	SEX M	ETHNICITY BLK	FBI #	CII #	
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 69	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB	HOUSING ASSIGN.
<input type="checkbox"/> CCCMS <input type="checkbox"/> MHC	<input type="checkbox"/> EOP <input type="checkbox"/> DDP <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:

PRISON GANG / DISRUPTIVE GROUP

☒ N/A☐ VALIDATED ☐ ASSOCIATED ☐ N/A
☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT
☐ DECEASED DATE: ☒ N/A

NAME/LOCATION OF HOSP./TREAT. FACILITY

☒ N/A

NAME: LAST BURRELL	FIRST ANGEE	MI	CDC # T-48872	SEX M	ETHNICITY BLACK	FBI #	CII #	
CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE 61	PV RTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB	HOUSING ASSIGN.
<input type="checkbox"/> CCCMS <input type="checkbox"/> MHC	<input type="checkbox"/> EOP <input type="checkbox"/> DDP <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT ALAMEDA		

DESCRIPTION OF INJURIES:

PRISON GANG / DISRUPTIVE GROUP

☒ N/A☐ VALIDATED ☐ ASSOCIATED ☒ N/A
☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT
☐ DECEASED DATE: ☒ N/A

NAME/LOCATION OF HOSP./TREAT. FACILITY

☒ N/A

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #	
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.
<input type="checkbox"/> CCCMS <input type="checkbox"/> MHC	<input type="checkbox"/> EOP <input type="checkbox"/> DDP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:

PRISON GANG / DISRUPTIVE GROUP

☐ N/A☐ VALIDATED ☐ ASSOCIATED ☐ N/A
☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT
☐ DECEASED DATE: ☐ N/A

NAME/LOCATION OF HOSP./TREAT. FACILITY

☐ N/A

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #	
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.
<input type="checkbox"/> CCCMS <input type="checkbox"/> MHC	<input type="checkbox"/> EOP <input type="checkbox"/> DDP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT		

DESCRIPTION OF INJURIES:

PRISON GANG / DISRUPTIVE GROUP

☐ N/A☐ VALIDATED ☐ ASSOCIATED ☐ N/A
☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT
☐ DECEASED DATE: ☐ N/A

NAME/LOCATION OF HOSP./TREAT. FACILITY

☐ N/A

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**CRIME / INCIDENT REPORT
PART B2- STAFF**

CDCR 837-B2 (Rev. 07/05)

PAGE ____ OF ____

INSTITUTION SVSP	FACILITY FAC.-B	INCIDENT LOG NUMBER SVP-CEN-05-10-0667
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STAFF (ENTIRE SHEET)

NAME LAST Martinez	FIRST R.	MI	TITLE Lieutenant	SEX M	ETHNICITY HIS	RDO'S S/SH
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. #	POSITION Institutional Gang Investigator
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A			

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT		TYPE:	
<input type="checkbox"/> DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME LAST Cariaga	FIRST A.	MI R	TITLE Correctional Sergeant	SEX M	ETHNICITY HIS	RDO'S S/SH
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CHECK ONE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. # 250415	POSITION SECURITY SQUAD SERGEANT
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A			

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT		TYPE:	
<input type="checkbox"/> DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME LAST Henley	FIRST S.	MI <input type="checkbox"/>	TITLE Correctional Officer	SEX F	ETHNICITY WHITE	RDO'S S/SH
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CHECK ONE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. # 253101	POSITION Security Squad Officer #2
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A			

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT		TYPE:	
<input type="checkbox"/> DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME LAST Fragoso	FIRST D.	MI	TITLE Correctional Officer	SEX M	ETHNICITY HIS	RDO'S S/SH
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. # 253102	POSITION Security Squad #3
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A			

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT		TYPE:	
<input type="checkbox"/> DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME LAST Perez	FIRST E.	MI	TITLE Correctional Officer	SEX M	ETHNICITY HIS	RDO'S S/SH
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	POST ASSIGN. # 253106	POSITION Security Squad #7
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A			

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT		TYPE:	
<input type="checkbox"/> DECEASED DATE: <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**CRIME / INCIDENT REPORT
PART B2- STAFF**

CDCR 837-B2 (Rev. 07/05)

PAGE ____ OF ____

INSTITUTION SVSP	FACILITY FAC.-B	INCIDENT LOG NUMBER SVP-CEN-05-10-0667
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STAFF (ENTIRE SHEET)

NAME: LAST Diaz	FIRST A.	MI	TITLE Correctional Officer	SEX M	ETHNICITY HIS	RDO'S S/SH
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # 253107	POSITION Assist. Institutional Gang Investigator		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Parsons	FIRST E.	MI	TITLE Correctional Officer	SEX M	ETHNICITY White	RDO'S S/SH
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. # 253110	POSITION Tool Control Officer		
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Holcomb	FIRST C.	MI <input type="checkbox"/>	TITLE Correctional Officer	SEX F	ETHNICITY WHITE	RDO'S S/SH
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. #	POSITION Entrance Building Officer		
DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST Herrera	FIRST M	MI	TITLE Correctional Officer	SEX M	ETHNICITY HIS	RDO'S W/T
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	POST ASSIGN. #	POSITION Facility "B" Visiting Officer		
DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE #	POST ASSIGN. #	POSITION		
DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____ <input type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
PART B3- VISITOR, OTHER
 CDCR 837-B3 (Rev. 07/05)

PAGE ____ OF ____

INSTITUTION SVSP	FACILITY FAC.-B	INCIDENT LOG NUMBER SVP-CEN-05-10-0667
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VISITOR, OTHER (ENTIRE SHEET)

NAME: LAST Reed	FIRST Carla	MI J	TYPE OF ID & # [REDACTED]	SEX F	ETHNICITY BLK
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<input type="checkbox"/> CHECK ONE VICTIM	<input checked="" type="checkbox"/> CHECK ONE VISITOR	DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> SUSPECT	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> WITNESS		
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT
<input type="checkbox"/> DECEASED DATE: _____		<input checked="" type="checkbox"/> N/A
		NAME/LOCATION OF HOSP/TREAT. FACILITY <input checked="" type="checkbox"/> N/A

NAME: LAST Henderson	FIRST Debres	MI D	TYPE OF ID & # [REDACTED]	SEX F	ETHNICITY Blk
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<input type="checkbox"/> CHECK ONE VICTIM	<input checked="" type="checkbox"/> CHECK ONE VISITOR	DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> SUSPECT	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> WITNESS		
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT
<input type="checkbox"/> DECEASED DATE: _____		<input checked="" type="checkbox"/> N/A
		NAME/LOCATION OF HOSP/TREAT. FACILITY <input checked="" type="checkbox"/> N/A

NAME: LAST	FIRST	MI	TYPE OF ID & #	SEX	ETHNICITY
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<input type="checkbox"/> CHECK ONE VICTIM	<input type="checkbox"/> CHECK ONE VISITOR	DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A
<input type="checkbox"/> SUSPECT	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> WITNESS		
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT
<input type="checkbox"/> DECEASED DATE: _____		<input type="checkbox"/> N/A
		NAME/LOCATION OF HOSP/TREAT. FACILITY <input type="checkbox"/> N/A

NAME: LAST	FIRST	MI	TYPE OF ID & #	SEX	ETHNICITY
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<input type="checkbox"/> CHECK ONE VICTIM	<input type="checkbox"/> CHECK ONE VISITOR	DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A
<input type="checkbox"/> SUSPECT	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> WITNESS		
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT
<input type="checkbox"/> DECEASED DATE: _____		<input type="checkbox"/> N/A
		NAME/LOCATION OF HOSP/TREAT. FACILITY <input type="checkbox"/> N/A

NAME: LAST	FIRST	MI	TYPE OF ID & #	SEX	ETHNICITY
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<input type="checkbox"/> CHECK ONE VICTIM	<input type="checkbox"/> CHECK ONE VISITOR	DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A
<input type="checkbox"/> SUSPECT	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> WITNESS		
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT
<input type="checkbox"/> DECEASED DATE: _____		<input type="checkbox"/> N/A
		NAME/LOCATION OF HOSP/TREAT. FACILITY <input type="checkbox"/> N/A

NAME: LAST	FIRST	MI	TYPE OF ID & #	SEX	ETHNICITY
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<input type="checkbox"/> CHECK ONE VICTIM	<input type="checkbox"/> CHECK ONE VISITOR	DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A
<input type="checkbox"/> SUSPECT	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> WITNESS		
<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	<input type="checkbox"/> REFUSED TREATMENT
<input type="checkbox"/> DECEASED DATE: _____		<input type="checkbox"/> N/A
		NAME/LOCATION OF HOSP/TREAT. FACILITY <input type="checkbox"/> N/A

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDC 837-C (Rev. 09/03)

 PAGE 1 OF 3
 INCIDENT LOG NUMBER
 SVP-CEN-05-10-0667

 NAME: LAST FIRST MI DATE OF INCIDENT TIME OF INCIDENT
 Henley S M 10/16/05 10:30

 POST # POSITION YEARS OF SERVICE DATE OF REPORT LOCATION OF INCIDENT
 253101 S&I # 2 10 YR. 11 MO. 10/17/05 Central Visiting Processing

 RDO's DUTY HOURS DESCRIPTION OF CRIME / INCIDENT CCR SECTION / RULE ☐ N/A
 S/S/H 0800-1630 Conspiracy to Introduce a Controlled Substance 3016 (c)

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input checked="" type="checkbox"/> PRIMARY	Lt. R. Martinez	Burrell T-48872	B5-216
<input type="checkbox"/> RESPONDER	Sgt. Carriaga	Henderson D-58455	B5-132
<input type="checkbox"/> WITNESS	Sgt. Knuckles	Carla Reed	Visitor of Burrell
<input type="checkbox"/> VICTIM	C/O M. Valdez	Delores Henderson	Vistor of Henderson
<input type="checkbox"/> CAMERA	C/C A. Diaz		

FORCE USED BY YOU	WEAPONS USED BY YOU		SHOTS FIRED BY YOU		
<input type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	CHEM. TYPE:	TYPE: NO: NO:		
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	<input type="checkbox"/> OC	37 MM		9 MM
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> CN	L8		38 CAL
FORCE OBSERVED BY YOU	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> CS	40 MM		MINI-14
<input type="checkbox"/> WEAPON	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8	<input type="checkbox"/> OTHER:	40 MULTI		<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A		SHOTGUN		
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> HFWRs <input type="checkbox"/> BATON				

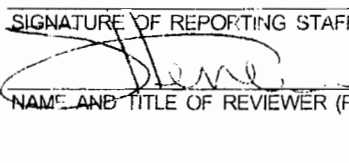
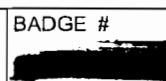

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPH
<input checked="" type="checkbox"/> YES	Four balloons containing suspected Marijuana. Digital Photographs	I.S.U. Film Evidence Locker (October 2005)	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> N/A	I.S.U. Evidence Locker # 51	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER:	

NARRATIVE:

On October 16, 2005, the Salinas Valley State Prison (SVSP), Investigative Services Unit (ISU) was conducting an investigation regarding the introduction of a Controlled Substance into SVSP. On Sunday, October 16, 2005, at approximately 1030 hours, Sergeant C. Knuckles, Visiting Sergeant contacted me and informed me that Mrs. Carla Reed, D.O.B. 08/14/1963 an approved visitor of Inmate Burrell T-48872, B5-216, had arrived at the Central Visiting Processing Center and had signed a CDC 1000, Visitors Pass. ISU then responded to the Central Visiting Processing Center, where I made the initial contact with Mrs. Reed. Due to numerous visitors in the visitors processing room, I asked Mrs. Reed to step out of the visiting area, where I could talk with her privately. Upon exiting the visiting processing area I informed Mrs. Reed that I was conducting an investigation and that I needed to speak with her. Mrs. Reed was then escorted to the SVSP Administration Building, In Service Training (IST) class room. Mrs. Reed was then advised that she was suspected of bring a controlled substance into SVSP. Mrs. Reed was informed that this unit had obtained a search warrant and that the search warrant included her person, her personal belongings and any vehicle she arrived in. Mrs. Reed was then asked to relinquished her vehicle key, at which time she did. Mrs. Reed also indicated that she had provided a second visitor with a ride and identified her as Mrs. Delores Henderson, an approved visitor of Inmate Henderson D-58455, B5-132. Sergeant Knuckles was informed and she requested that visiting staff have Mrs. Henderson report back to the visiting processing center. Officer's A. Diaz and M. Valdez conducted the vehicle search. During the interview I informed Mrs. Reed that I would like to utilize a Narcotic Canine during

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF	TITLE	BADGE #	ID #	DATE
	C/O			10/17/2005
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED	DATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT**PART C1- SUPPLEMENT**

CDC 837-C1 (Rev. 09/03)

PAGE 2 OF 3

INCIDENT LOG NUMBER

SVP-CEN-05-10-0667

NAME: LAST

Henley

FIRST

S.

MI

M.

TYPE OF INFORMATION:☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION**NARRATIVE:**

the search of her vehicle at which time she stated that "OK". During the canine search of Mrs. Reed's vehicle, the narcotic canine exhibited a change of behavior consistent with the presence of the odor of a controlled substance. During the search the canine alerted to the following area's: Front Console (Ashtray area) and the second row seat, near the sliding door. During the hand search of the vehicle officer M. Valdez and Officer A. Diaz, found items in the vehicle consistent with the packaging of narcotics (I.E Baggies tape and balloons and Vaseline) leading us to believe that she was indeed in possession of a controlled substance with the intention to introduce it into the prison. Upon completion of the vehicle search Mrs. Reed was asked to submit to an unclothed body search at which time she stated that if she was going to have to submit to the unclothed body search she would rather just wait till she was taken to a medical facility.

Sergeant Knuckles informed me that Mrs. Henderson the second visitor that had obtained a ride from Mrs. Reed had been escorted to the Administrative Building and was being supervised by a female visiting staff member.

I was informed by Sergeant A. Carriaga that during the search of the rest room in the Facility "B" visiting a balloon was found that contained suspected controlled substance.

During the investigation it was discovered that Mrs. Henderson had arrived at SVSP with Mrs. Reed and prior to our arrival to the visiting processing center Mrs. Henderson was allowed to enter the institution. Mrs. Henderson arrived with the intention of visiting Inmate Henderson, D-58455, B5-132. Upon her arrival to the facility visiting room she utilized the rest room and then was told that she needed to report back to the visiting processing center. Sergeant Knuckles was notified of the above information and instructed her staff to conduct a search of the rest room. During this search a balloon was discovered in the disability state that contained suspected narcotics.

At approximately 1300, hours ISU interviewed Mrs. Henderson regarding the balloon that was found in the rest room of the Facility "B" Visiting. During the interview Mrs. Henderson stated that Mrs. Reed gave her the balloon prior to their arrival and told her to put it in her bra and take it into visiting. Mrs. Henderson stated that she did not want to do this but she did it any ways. Mrs. Henderson stated that when the officers called her back to the visiting processing area she got scared and attempted to hide the balloon in the paper toilet seat covers on the wall.

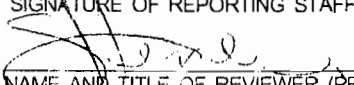


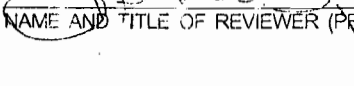
At approximately 1414 hours and second interview was conducted with Mrs. Reed, during this interview Mrs. Reed invoked her right to remain silent and chose not to make a statement.

At approximately 1700 hours, Lieutenant R. Martinez and I transported Mrs. Reed to an outside hospital where a body cavity search was to be conducted. Upon our arrival to Natividad Medical Center (NMC) Registered Nurse M. Mojica informed Mrs. Reed that this would be a lot easier if she just relinquished the items, at which time Mrs. Reed stated that she couldn't, that they were stuck. Doctor M. Jones and Nurse Mojica then administered the cavity search in order to obtain the items secreted in Mrs. Reeds rectum and vagina. During the procedure four balloons were recovered from Mrs. Reeds cavities. Three from her rectum and one from her vagina. the balloons were placed into evidence bags and kept in my possession. At approximately 1915 hours Mrs. Reed was transported to the Monterey County Adult Detention Facility, where she was booked into County Jail

I then returned to SVSP and placed the following items into evidence:

Four balloons of suspected Marijuana. These balloons were opened and photographed with a Digital camera and then secured into ISU Evidence Locker # 51. The digital photographs were secured in the ISU Film Evidence Locker (Oct. 2005).

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF	TITLE	BADGE #	ID #	DATE
	C/O			02/09/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED	DATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT**PART C1- SUPPLEMENT**

CDC 837-C1 (Rev. 09/03)

PAGE 1 OF 1

INCIDENT LOG NUMBER

SVP-CEN-05-10-0667

NAME, LAST

Henley

FIRST

S.

M:

M.

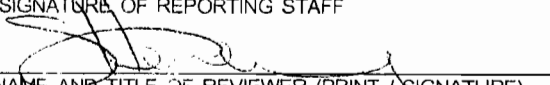


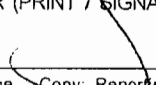
TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION**NARRATIVE:**

The photographs consisted of the following Over all views of balloons in the original packaging. Mid range view of balloons with a ruler. Close up view of balloons cut open showing green leafy substance. Over all view of suspected Marijuana removed from the packaging (balloons). Upon completion of the photographs, I conducted a Department of Justice Presumptive Drug Test on the suspected Marijuana. The presumptive test indicated a positive color change for Marijuana.

Upon completion of the presumptive test, I placed the suspected Marijuana and the wrapping (I.E. Balloons, tape and plastic) in individual zip lock baggies and placed them in Evidence bags securing them into ISU Evidence Locker 51.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 	DATE 10/17/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDC 837-C (Rev. 09/03)
PAGE 1 OF 2INCIDENT LOG NUMBER
SVP-CEN-05-10-0667

NAME: LAST DIAZ		FIRST A.		MI	DATE OF INCIDENT 10/16/05	TIME OF INCIDENT 10:30
POST # 253107	POSITION S&I # 8	YEARS OF SERVICE 4 YR. 5 MO.		DATE OF REPORT 10/16/05	LOCATION OF INCIDENT Fac 'B' Visiting, Women's restroom	
RDO's S/S/H	DUTY HOURS 0730-1600	DESCRIPTION OF CRIME / INCIDENT Conspiracy to introduce a controlled substance within the institution				CCR SECTION / RULE 3016 (c) <input type="checkbox"/> N/A

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	C/O S. Henley, (S)	Dolores Henderson, (S)
<input type="checkbox"/> RESPONDER	C/O M. Herrera, (S)	Carla Reed, (S)
<input type="checkbox"/> WITNESS		Henderson, D-58455 (S)
<input type="checkbox"/> VICTIM		Burrell, T-48872 (S)
<input checked="" type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	<input type="checkbox"/> TYPE: <input type="checkbox"/> NO: <input type="checkbox"/> NO:
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	37 MM _____ 9 MM _____
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	L8 _____ 38 CAL _____
FORCE OBSERVED BY YOU	<input type="checkbox"/> SHOTGUN	40 MM _____ MINI-14 _____
<input type="checkbox"/> WEAPON	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8	40 MULTI _____ <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A	SHOTGUN _____
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> HFWRS <input type="checkbox"/> BATON	

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	POE
<input checked="" type="checkbox"/> YES	1 round bindle wrapped in clear plastic cellophane	Controlled substance locker #51	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER: _____	

NARRATIVE:

On October 16, 2005, at approximately 1030 hours, while performing my duties as Security Squad Officer # 8, I was assisting with a vehicle search registered to Ms. Carla Reed and a female visitor Ms. Reed transported with her identified as Dolores Henderson for contraband. Ms. Reed is an approved visitor for Inmate Burrell, T-48872 and Ms. Henderson is approved to visit Inmate Henderson, T-58455. Subsequently during the vehicle search, I was notified by Security Squad Officer S. Henley that suspected contraband was found in Facility 'B' visiting room. I then proceeded to Facility 'B' to photograph and take possession of the suspected contraband. Upon my arrival to Facility 'B', I was informed by Facility 'B' Visiting Officer M. Herrera that he conducted a search of the women's rest room and found what appeared to be a wrapped plastic bindle of suspected contraband after visitor Dolores Henderson had exited the rest room.

Herrera proceeded to guide me to the exact location he found the suspected contraband. The contraband was located in the far left rest room stall secreted inside the lower right corner in the toilet seat paper cover dispenser on the wall. The round shape plastic bindle appeared to be wrapped in white latex and clear plastic cellophane on the outside layer measuring approximately two (2) inches in length. I photographed and secured the evidence and proceeded to the Investigative Service Unit (ISU) office to examine and conduct a Department of Justice (DOJ) presumptive drug screening test on the suspected bindle of contraband. The wrapped bindle weighed approximately 10.92 grams and proceeded to unwrap the item.

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF	TITLE C/O	BADGE #	ID #	DATE 10/16/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED 10/17/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 10/17/05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT**PART C1- SUPPLEMENT**

CDC 837-C1 (Rev. 09/03)

PAGE 2 OF 2INCIDENT LOG NUMBER
SVP-CEN-05-10-0667

NAME: LAST

Diaz'

FIRST

A.

MI

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT
 ☐ CLARIFICATION OF REPORT
 ☐ ADDITIONAL INFORMATION

NARRATIVE:




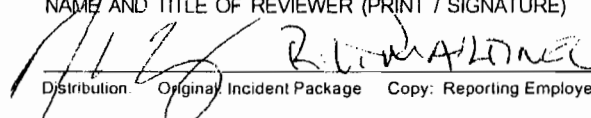
As I began to unwrap the suspected contraband, it was disclosed to have four layers of wrapping around it. The first inner layer was a clear cellophane plastic, the second outside layer was black electrical tape, the third layer was white latex rubber and the fourth layer was a clear cellophane plastic and discovered what appeared to be a green leafy substance (marijuana) inside. The green leafy substance weighed approximately 6.38 grams and tested positive for marijuana.

I proceeded to take the following digital photographs of the suspected contraband as follows:

1. Overall view of complex one, showing the entrance to Facility 'A' and Facility 'B' visiting room.
2. Overall view of entrance door to Facility 'B' visiting room.
3. Overall view of visitor processing on Facility 'B' visiting room.
4. Overall view of women's rest room entrance on Facility 'B' visiting room.
5. Mid range view of women's rest room entrance on Facility 'B' visiting room.
6. Mid range view of inside of women's rest room showing two sinks and mirrors.
7. Overall view of far left rest room stall in women's rest room with the entrance door opened.
8. Mid range view of inside rest room stall showing empty toilet seat cover paper dispenser on the wall.
9. Close up view of empty toilet seat cover paper dispenser on the wall.
10. Close up view of empty toilet seat cover paper dispenser depicting suspected contraband secreted on the right lower corner.
11. Close up view of bundle wrapped in plastic on top of the toilet seat cover paper dispenser.
12. Close up view of bundle wrapped in plastic with measuring card.
13. Close up view of opened bundle depicting green leafy substance wrapped in clear cellophane plastic.
14. Close up view of opened bundle with measuring card.
15. Close up view of opened item depicting green leafy substance wrapped in clear cellophane plastic, black electrical tape, white latex rubber, and more clear cellophane plastic.
16. Close up view of opened clear cellophane plastic exposing green leafy substance with measuring card.

I secured and processed the controlled substance in ISU evidence locker #51 pending DOJ testing results and the digital photographs in the ISU evidence photo locker for October/2005.

☒ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 	DATE 10/16/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 10/17/05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE 10/17/05

Distribution: Original Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT

PART C-1 - SUPPLEMENT

PAGE 1 OF 2

CDC 837 C-1

NAME (LAST, FIRST, MI) Herrera M A		BADGE NUMBER 68281	INCIDENT DATE 10-16-05	INCIDENT LOG NUMBER SVPCEN-05-0006
LENGTH OF SERVICE 1 yr 10 months	POST DESCRIPTION B Visiting Officer	INCIDENT TIME 1045 AM	REPORT DATE 10-16-05	
KDOs W/TH	DUTY HOURS Vary	INCIDENT LOCATION B Visiting		
DESCRIPTION OF INCIDENT / CRIME Conspiracy to introduce Narcotics into An Institution				CCR SECTION / RULE 3016(c)
YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES INVOLVED (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY				
<input type="checkbox"/> RESPONDER				
<input checked="" type="checkbox"/> WITNESS				
<input type="checkbox"/> VICTIM				
<input type="checkbox"/> CAMERA				
FORCE USED BY YOU	LETHAL WEAPONS	LESS THAN LETHAL WEAPONS	NUMBER OF ROUNDS FIRED	FORCE OBSERVED BY YOU
<input type="checkbox"/> LETHAL	<input type="checkbox"/> MINI-14	<input type="checkbox"/> 37MM	<input type="checkbox"/>	<input type="checkbox"/> LETHAL
<input type="checkbox"/> LESS LETHAL	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> BATON	<input type="checkbox"/>	<input type="checkbox"/> LESS LETHAL
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> HANDGUN	<input type="checkbox"/> OC	<input type="checkbox"/>	<input type="checkbox"/> PHYSICAL
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> OTHER N/A	<input type="checkbox"/> OTHER N/A	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> NONE
EVIDENCE COLLECTED	EVIDENCE DESCRIPTION	DISPOSITION	WEAPON	BIO HAZARD
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	N/A	N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED	BODILY FLUID EXPOSURE	SCIF3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	N/A	N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

NARRATIVE

On 10-16-05 at or about 10:45am while performing my duties as B Visiting Officer, I received a call from Sgt Knuckles B Visiting Sergeant. I was directed by Sgt Knuckles to ask B Visitor Delores Henderson to return to the visitor processing area. I then directed Mrs. Henderson to return to processing. Before she returned she went into the visitor restroom in B Visiting. Once Mrs. Henderson exited the restroom I searched it for contraband. During my search I discovered a bundle white in color wrapped with clear plastic tied off at both ends. I found it in the toilet seat cover dispenser in the handicap stall of the women's restroom. I secured the restroom and called ISU officer Diaz and let him know what I had found. When officer Diaz arrived I showed him where

NAME/TITLE/SIGNATURE OF REPORTING STAFF

BADGE / I.D. #

DATE

REVIEWER'S SIGNATURE

APPROVED

CLARIFICATION NEEDED

DATE

c/o M.A. Herrera

Knuckles

[REDACTED] 10-16-05

☐☐

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C-2 - SUPPLEMENT
 CDC 837 C-2

PAGE 2 OF 2

INCIDENT LOG NUMBER

SVP Cen - 05-10-0067

NAME (LAST, FIRST, MI)

Herrera M.A.

BADGE NUMBER

68281

INCIDENT DATE

10-16-05

INCIDENT TIME

1045 Am

TYPE OF INFORMATION

☒ CONTINUATION OF REPORT☐ ADDITIONAL INFORMATION☐ CLARIFICATION REQUEST

NARRATIVE

The bundle was located in the women's restroom.
 Officer Diaz then processed the scene and took
 control of the bundle. This concludes my report.

NAME / TITLE / SIGNATURE OF REPORTING STAFF

C/O M.A. Herrera M.A.

BADGE / I.D. #

[REDACTED]

DATE

10/16/05

REVIEWER'S SIGNATURE

APPROVED

☐

CLARIFICATION NEEDED

☐

DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT

PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 1

INCIDENT LOG NUMBER
SVP-CEN-05-10-0667

NAME: LAST Fragoso		FIRST D		MI	DATE OF INCIDENT 10/16/05	TIME OF INCIDENT 10:30
POST # 253102	POSITION S&I # 3	YEARS OF SERVICE 18 YR. 11 MO.	DATE OF REPORT 10/16/05		LOCATION OF INCIDENT Visitor Processing	
RDO's S/S/H	DUTY HOURS 0800-1630	DESCRIPTION OF CRIME / INCIDENT Conspiracy To Introduce Narcotics Into An Institution			CCR SECTION / RULE 3016 (C) <input checked="" type="checkbox"/> N/A	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY	Officer A. Lopez	Delores Henderson	(S) Inmate Visitor
<input checked="" type="checkbox"/> RESPONDER			
<input type="checkbox"/> WITNESS			
<input type="checkbox"/> VICTIM			
<input type="checkbox"/> CAMERA			

FORCE USED BY YOU	WEAPONS USED BY YOU		SHOTS FIRED BY YOU		
<input type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	CHEM. TYPE:	TYPE: NO: NO:		
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	<input type="checkbox"/> OC	37 MM		9 MM
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> CN	L8		38 CAL
	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> CS	40 MM		MINI-14
	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8	<input type="checkbox"/> OTHER:	40 MULTI		<input checked="" type="checkbox"/> N/A
	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A		SHOTGUN		
	<input type="checkbox"/> HFWRs <input type="checkbox"/> BATON				

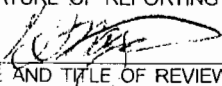


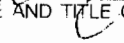
EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input checked="" type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER:	

NARRATIVE:

On 10-16-05 at approximately 1330 hrs I received a phone call at my residence from Investigative Services Unit (ISU) Sergeant A. Cariaga. I arrived at the institution at approximately 1445 hours. I was instructed by Sgt. Cariaga that inmate visitor Delores D. Henderson was in custody due to her involvement in a conspiracy to introduce narcotics into an institution. Sgt. Cariaga informed me that I would transport Mrs. Henderson to the Monterey County Jail. At approximately 1715 hours with the assistance of Officer A. Lopez, Delores Henderson was transported to the Monterey County Jail. At approximately 1745 hours, Mrs. Henderson was booked into the Monterey County Jail. This concludes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 	DATE 10-16-05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 1

INCIDENT LOG NUMBER

SVP-CEN-05-10-066

NAME: LAST

WOLCOMB

FIRST

A

MI

NA

DATE OF INCIDENT

10/16/05

TIME OF INCIDENT

1030 HRS

POST #

POSITION

ENT. PLDET

YEARS OF SERVICE

6 YR. 3 MO.

DATE OF REPORT

10/16/05

LOCATION OF INCIDENT

VISITOR PROCESSING

RDOs

F/S

DUTY HOURS

0600/1400

DESCRIPTION OF CRIME / INCIDENT

CONSPIRACY TO INTRODUCE C/S INTO INSTITUTION 2916(c)

CCR SECTION / RULE

N/A

YOUR ROLE

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

☐ PRIMARY☒ RESPONDER☐ WITNESS☐ VICTIM☐ CAMERAVALDEZ, M. (S)
HENLEY, S. (S)

CARLA REED (S) (CD# N975316)

FORCE USED BY YOU

WEAPONS USED BY YOU

SHOTS FIRED BY YOU

☐ WEAPON☐ PHYSICAL☒ NONE☐ MINI-14☐ 9 MM☐ 38 CAL☐ SHOTGUN☐ 37 MM☐ 40 MM☐ HFWRs☐ L8☐ 40 MULTI☐ BATON

CHEM. TYPE:

☐ OC☐ CN☐ CS☐ OTHER:☒ N/A

37 MM

L8

40 MM

40 MULTI

SHOTGUN

TYPE:

NO:

NO:

9 MM

38 CAL

MINI-14

☒ N/A

FORCE OBSERVED BY YOU

☐ WEAPON☐ PHYSICAL☒ NONE

EVIDENCE COLLECTED BY YOU

EVIDENCE DESCRIPTION

EVIDENCE DISPOSITION

BIO HAZARD

FPE

☐ YES☒ NO☒ N/A☒ N/A☐ YES☒ NO☐ YES☒ NO

REPORTING STAFF INJURED

DESCRIPTION OF INJURY

LOCATION TREATED (HOSPITAL / CLINIC)

FLUID EXPOSURE

SCIF 3301 / 3067 COMPLETED

☐ YES☒ NO☒ N/A☒ N/A☐ BODILY☐ UNKNOWN☐ OTHER:☒ N/A☐ YES☒ NO

NARRATIVE:

ON OCTOBER 16, 2005 WHILE PERFORMING MY DUTIES AS ENTRANCE OFFICER AT APPROXIMATELY 1030 HRS. I WAS INSTRUCTED BY SQUAD OFFICER VALDEZ TO ASSIST SQUAD OFFICER HENLEY IN THE ENTRANCE BUILDING. I ASSISTED SQUAD OFFICER HENLEY BY MAINTAINING SECURITY AND VISUAL OVERSIGHT OF VISITOR CARLA REED (CD# N975316). AT 1130 HRS. I WAS RELIEVED OF MY DUTIES BY SQUAD OFFICER VALDEZ. THIS CONCLUDES MY REPORT.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

WOLCOMB, A.

TITLE

C/O

BADGE #

[REDACTED]

ID #

[REDACTED]

DATE

10/16/05

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

[REDACTED] SGT.

DATE RECEIVED

10/16/05

APPROVED

☒ YES ☐ NO

CLARIFICATION NEEDED

☐ YES ☒ NO

DATE

10.16.05

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C-STAFF REPORT
 CDC 837-C (Rev. 09/03)

 PAGE 1 OF 1 INCIDENT LOG NUMBER
 SVP-CEN-05-10-0667

 NAME: LAST FIRST MI R. DATE OF INCIDENT TIME OF INCIDENT
 Parsons E. 10/16/05 10:30

 POST # POSITION YEARS OF SERVICE DATE OF REPORT LOCATION OF INCIDENT
 253110 S & I #10 7 YR. 6 MO. 10/16/05 Visiting Processing

 RDC: DUTY HOURS DESCRIPTION OF CRIME / INCIDENT CCR SECTION / RULE ☐ N/A
 S.S.H. 0730 - 1600 CONSPIRACY TO INTRODUCE NARCOTICS IN AN INSTUTION 3016 (c)

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY	Sgt. A. R. Cariaga	Henderson D58455 cell 132
<input checked="" type="checkbox"/> RESPONDER	E. Perez	Jones V42425 cell 132
<input type="checkbox"/> WITNESS		Burrell T48872 cell 216
<input type="checkbox"/> VICTIM		Hymes D94875 cell 216
<input type="checkbox"/> CAMERA		Ms. Carla Reed visitor

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	<input type="checkbox"/> TYPE: NO: NO:
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	37 MM 9 MM
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	L8 38 CAL
<input type="checkbox"/> FORCE OBSERVED BY YOU	<input type="checkbox"/> SHOTGUN	40 MM MINI-14
<input type="checkbox"/> WEAPON	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8	40 MULTI <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A	SHOTGUN
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> HFWRs <input type="checkbox"/> BATON	

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO


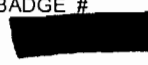

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER:	

NARRATIVE:

On October 16, 2005, The Investigative Services Unit (ISU) was conducting an investigation of drug activity, by a visitor at Salinas Valley State Prison (SVSP). I was contacted at my residence at 13:30 hours by Sergeant A. R. Cariaga and was directed to respond to SVSP. Upon arrival at SVSP I provided security observing a visitor named Ms. Carla Reed, suspected of conspiracy to introduce drugs into SVSP. I was later directed By Sgt. Cariaga to conduct cell searches on Facility "B" Building 5 for suspected drugs and indicia. Security Squad Officer E. Perez and I searched Facility "B" Building 5, Cells 132 and 216.

The search of cell B5 - 132, occupied by Inmates Henderson D-58455, and Jones V42425, yielded negative results for drugs. The search of cell B5 - 216 occupied by Inmate Burrell T-48872 and Inmate Hymes D94875, yielded negative results for drugs. This concludes my report.

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF	TITLE	BADGE #	ID #	DATE
	C/O			10/16/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED	DATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDC 837-C (Rev. 09/03)
PAGE 1 OF 1INCIDENT LOG NUMBER
SVP-CEN-05-10--0667

NAME LAST Lopez		FIRST A.		MI	DATE OF INCIDENT 10/16/05	TIME OF INCIDENT 10:30
POST # 253051	POSITION Visiting Processing	YEARS OF SERVICE YR. 8 MO.	DATE OF REPORT 10/16/05		LOCATION OF INCIDENT Visiting Processing	
RDO's W/TH	DUTY HOURS 0800/1600	DESCRIPTION OF CRIME / INCIDENT Conspiracy To Introduce Narcotics Into An Institution			CCR SECTION / RULE <input type="checkbox"/> N/A 3016 (C)	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY	C/O D.Fragoso	Delores Henderson	(S) Inmate Visitor
<input checked="" type="checkbox"/> RESPONDER			
<input type="checkbox"/> WITNESS			
<input type="checkbox"/> VICTIM			
<input type="checkbox"/> CAMERA			

FORCE USED BY YOU	WEAPONS USED BY YOU		SHOTS FIRED BY YOU	
<input type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	CHEM. TYPE:	TYPE:	NO:
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	<input type="checkbox"/> OC	37 MM	9 MM
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> CN	L8	38 CAL
FORCE OBSERVED BY YOU	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> CS	40 MM	MINI-14
<input type="checkbox"/> WEAPON	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8	<input type="checkbox"/> OTHER:	40 MULTI	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI	<input checked="" type="checkbox"/> N/A	SHOTGUN	
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> HFWRS <input type="checkbox"/> BATON			

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER:	

NARRATIVE:

On October 16, 2005, at approximately 1130 hours while performing my duties as Visiting Processing Officer I was instructed by Visiting Sergeant K. Nuckles to report to the Administration Building to relieve Officer T.C. Wittman whom was providing coverage on Inmate visitor Delores Henderson. At approximately 1310 hours I was instructed by Sgt. A. Cariaga to escort Ms. Delores Henderson to the In Services Training Classroom A. I maintained visual coverage of Ms. Henderson while Investigative Services Unit (ISU) Sgt. A. Cariaga conducted an interview along with ISU Officer Henley. At approximately 1340 hours I was instructed by Sgt. Cariaga to have Ms. Henderson escorted in the Lounge chair located in the female bathroom upon completion of their interview.

At approximately 1715 hours I was instructed by Sgt. Cariaga to assist Officer D. Fragoso, in transporting Mrs. Henderson to the Monterey County Jail. At approximately 1745 hours, Mrs. Henderson was booked into the Monterey County Jail. This concludes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # [REDACTED]	ID # [REDACTED]	DATE 10/16/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT

PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 1

INCIDENT LOG NUMBER:
SVP-CEN-05-10-0667

NAME, LAST Perez		FIRST E.		MI	DATE OF INCIDENT 10/16/05	TIME OF INCIDENT 10:30
POST # 253106	POSITION Squad # 7	YEARS OF SERVICE 5 YR. 10 MO.	DATE OF REPORT 10/16/05		LOCATION OF INCIDENT Visitor Processing	
RDO's S/S/H	DUTY HOURS 0730-1600	DESCRIPTION OF CRIME / INCIDENT Conspiracy to Introduce Controlled Substance into Institution			CCR SECTION / RULE 3016 (c) <input type="checkbox"/> N/A	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY	(S) Sgt. A. R. Cariaga	(S) Henderson D-58455
<input checked="" type="checkbox"/> RESPONDER		(S) Burrell T-48872
<input type="checkbox"/> WITNESS		
<input type="checkbox"/> VICTIM		
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON	<input type="checkbox"/> MINI-14	<input type="checkbox"/> TYPE: NO: NO:
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> 9 MM	<input type="checkbox"/> OC
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> CN
	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> CS
	<input type="checkbox"/> 3/ MM <input type="checkbox"/> L8	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A	37 MM
	<input type="checkbox"/> HFWS <input type="checkbox"/> BATON	L8
		40 MM
		40 MULTI
		SHOTGUN
		<input checked="" type="checkbox"/> N/A

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> NO
			<input type="checkbox"/> OTHER:	

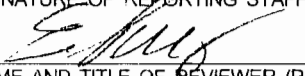


NARRATIVE:

On October 16, 2005, at approximately 1330 hours, I was contacted via telephone and instructed to report to duty to assist on incident # SVP-CEN-05-10-0667. Upon my arrival to the institution, I reported to the Administration Building and was briefed by Sergeant (Sgt.) A. R. Cariaga regarding the incident. At that time, I was instructed by Sgt. Cariaga to report to Facility B and conduct a search of cells 132 and 216 in Facility B, Building 5.

I arrived to Facility B, Building 5 and began to search cell 132, the cell was assigned to Inmates Henderson D-58455 and Jones V-42425. At the completion of the cell search, which resulted negative for any narcotics, I produced a cell search receipt (form S.V.S.P. form RR004-98) for the items confiscated from Henderson's property pending further investigation. I then reported to cell 216 which was assigned to Inmates Burrell T-48872 and Hymes D-94875.

At the completion of searching cell 216, which resulted in negative for any narcotics, I produced a cell search receipt (form S.V.S.P. form RR004-98) for the items confiscated from Burrell's property pending further investigation. The property items taken from Henderson and Burrell were taken to the Investigative Services Unit office, pending review. This concludes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 	ID # 	DATE 10/16/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

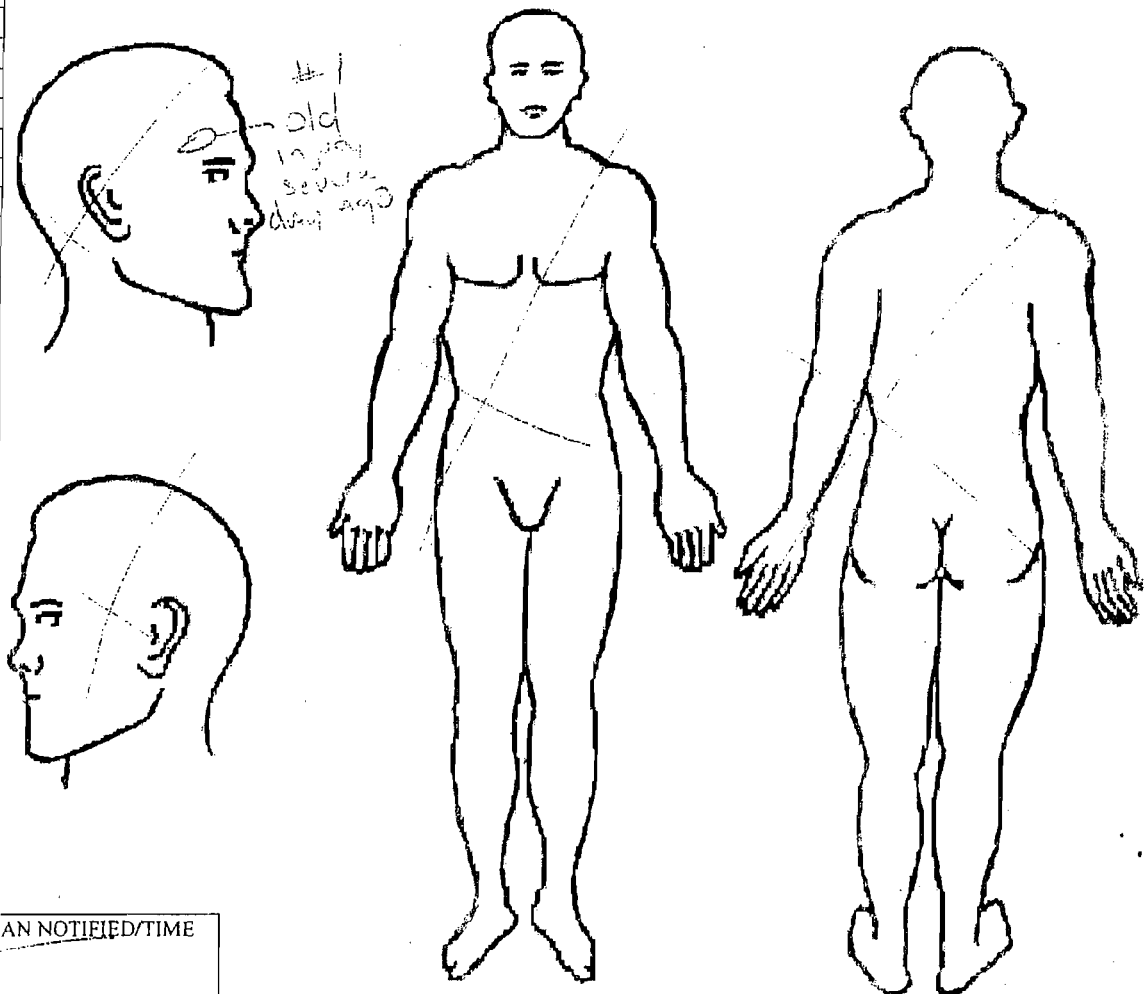
MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION <i>245</i>	FACILITY/UNIT <i>245</i>	REASON FOR REPORT (circle) USE OF FORCE	INJURY UNUSUAL OCCURRENCE	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE <i>10/10/05</i>
THIS SECTION FOR INMATE ONLY	NAME LAST <i>Wanderson</i>	FIRST	CDC NUMBER <i>052455</i>	HOUSING LOC. <i>135 122</i>	NEW HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/RDOs
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB	OCCUPATION
	HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE
PLACE OF OCCURRENCE <i>6-200</i>	DATE/TIME OF OCCURRENCE <i>10/10/05 1425</i>	NAME OF WITNESS(ES) <i>0</i>			
TIME NOTIFIED	TIME SEEN	ESCORTED BY <i>0</i>	MODE OF ARRIVAL (circle) AMBULATORY	LITTER ON SITE	WHEELCHAIR
					AGE <i>51</i>
					RACE <i>AA</i>
					SEX <i>M</i>

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

*No statement!**State In on case + missing from my file*

INJURIES FOUND?	YES/NO
Abrasion/Scratch	<i>0</i>
Active Bleeding	<i>2</i>
Broken Bone	<i>3</i>
Bruise/Discolored Area	<i>4</i>
Burr	<i>5</i>
Dislocation	<i>6</i>
Dried Blood	<i>7</i>
Fresh Tattoo	<i>8</i>
Cut/Laceration/Slash	<i>9</i>
O.C. Spray Area	<i>10</i>
Pain	<i>11</i>
Protrusion	<i>12</i>
Puncture	<i>13</i>
Reddened Area	<i>14</i>
Skin Pimp	<i>15</i>
Swollen Area	<i>16</i>
Other	<i>17</i>
	<i>18</i>
	<i>19</i>
O.C. SPRAY EXPOSURE?	YES / NO
DECONTAMINATED?	YES / NO
Self-decontamination instructions given?	YES / NO
Refused decontamination?	YES / NO
Q 15 min. checks	
Staff issued exposure packet?	YES / NO



RN NOTIFIED/TIME	PHYSICIAN NOTIFIED/TIME
TIME DISPOSITION	

REPORT COMPLETED BY/TITLE (PRINT AND SIGN)

Wanderson, Lon

BADGE # / R/O

0

(Medical data is to be included in progress note or emergency care record filed in UHR)

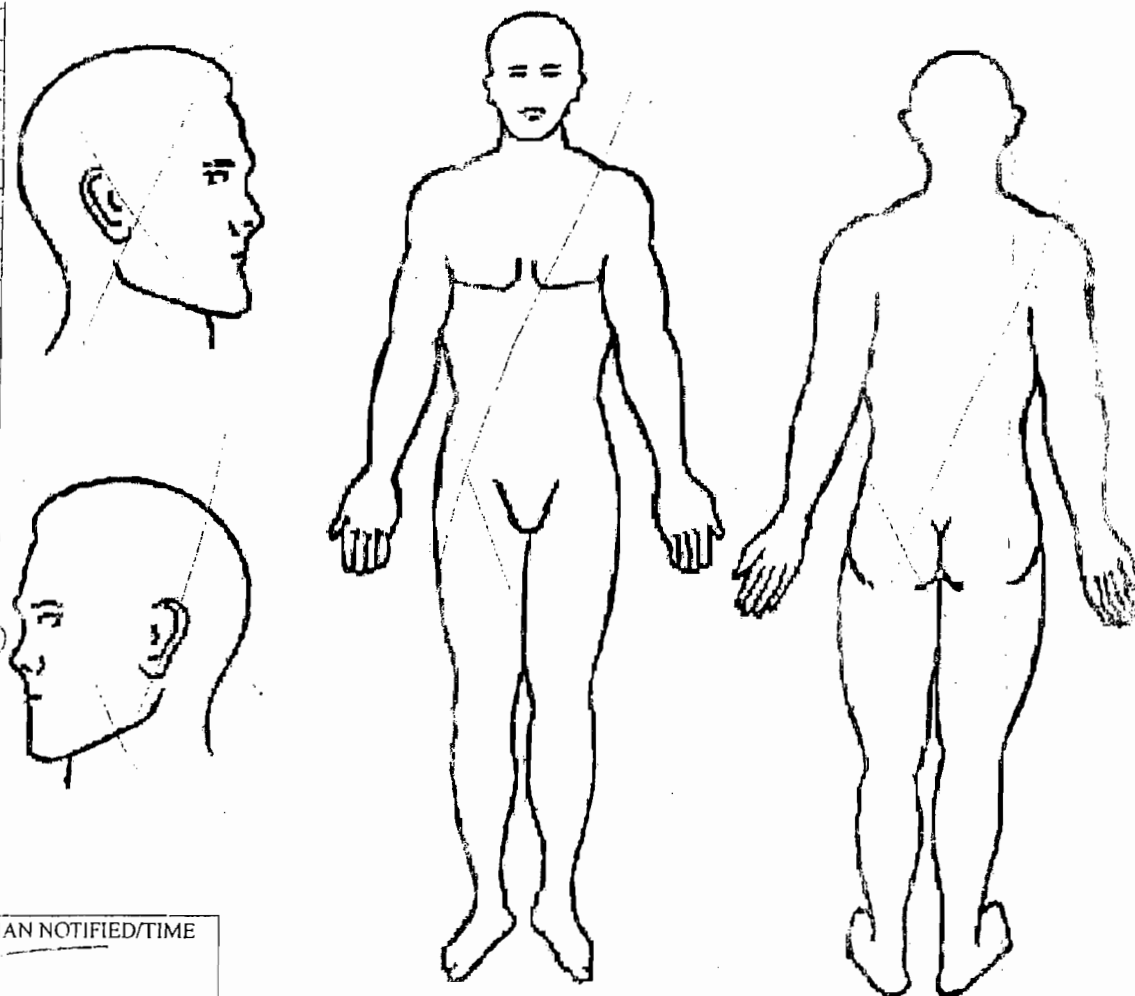
**MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE**

NAME OF INSTITUTION <i>JSP</i>	FACILITY/UNIT	REASON FOR REPORT (circle) USE OF FORCE UNUSUAL OCCURRENCE	INJURY	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE <i>10/14/08</i>
THIS SECTION FOR INMATE ONLY	NAME <i>LAST</i> <i>Surrell</i>	FIRST	CDC NUMBER <i>T48872</i>	HOUSING LOC <i>130135</i>	NEW HOUSING LOC
THIS SECTION FOR STAFF ONLY	NAME <i>LAST</i>	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/RDO
THIS SECTION FOR VISITOR ONLY	NAME <i>LAST</i>	FIRST	MIDDLE	DOB	OCCUPATION
HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE
PLACE OF OCCURRENCE <i>Prison</i>	DATE/TIME OF OCCURRENCE <i>10/14/08 1:00 PM</i>		NAME OF WITNESS(ES)		
TIME NOTIFIED	TIME SEEN	ESCORTED BY <i>10</i>	MODE OF ARRIVAL (circle) AMBULATORY ON SITE	WHEELCHAIR	AGE <i>41</i>
					RACE <i>AA</i>
					SEX <i>M</i>

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

No statement

INJURIES FOUND?	YES / NO
Abrasion/Scratch	1
Active bleeding	2
Broken Bone	3
Bruis /Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Stash	9
O.C. Spray Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin flap	15
Swollen Area	16
Other	17
	18
	19
O.C. SPRAY EXPOSURE?	YES / NO
DECONTAMINATED?	YES / NO
Self-decontamination instructions given?	YES / NO
Refused decontamination?	YES / NO
Q 15 min. check	
Staff noted exposure bucket?	YES / NO



RN NOTIFIED/TIME	PHYSICIAN NOTIFIED/TIME

TIME/DISPOSITION <i>EC 1938</i>	REPORT COMPLETED BY/TITLE (PRINT AND SIGN) <i>John M. Lora</i>	BADGE # / RDOs <i>[Redacted]</i>
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(Medical data is to be included in progress note or emergency care record filed in UHR)

PROOF OF SERVICE BY MAIL

I, Angee Burrell, DECLARE:
Name

I AM OVER THE AGE OF 18, NOT A PARTY TO THIS ACTION, AND RESIDE / AM

EMPLOYED AT

P.O. Box 1050 IN Monterey COUNTY.
Address

ON 2/3/08, I DEPOSITED IN THE UNITED STATES MAIL AT
Date

Soledad CA 93960 A COPY OF THE ATTACHED
City and State

Petition For writ of Habeas corpus IN A SEALED ENVELOPE, WITH
Title or description of each paper

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U.S. Dist. Court of CAIA (Northern Dist)
450 Golden Gate Ave
P.O. Box 36060
SAN FRANCISCO CA 94102

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE
OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: ~~2/3/08~~ 2/3/08

Angee Burrell
SIGNATURE OF DECLARANT

Angee Burrell
PRINT NAME OF DECLARANT

ANGEE BURRILL
#3872 DT-228
P.O. Box 1050
SOLEDAD, CALIF. 93960
SALINAS VALLEY STATE PRISON

REC

FEB

RICHARD
CLERK, U.S.
NORTHERN DIST

Rich

CLERK

U.S. D

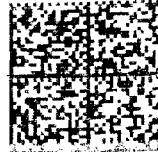
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